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CITY OF LIVERPOOL.



EDUCATION COMMITTEE.

REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE YEAR

1952

BY

ANDREW B. SEMPLE, V.R.D., M.D., D.P.H.,

Medical Officer to the Education Authority

FEB 27 1953
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INDEX.

	PAGE
Adenoids	23
Aural Clinics	22
Blind Pupils	49
Cerebral Palsy	56
Child Guidance	33
Children and Young Persons Act, 1933	45
Child Welfare Association	26
Cleansing of Pupils	30
Clothing	33
Deaf Pupils	50
Defective Vision	21
Defective Vision—Special Classes	49
Delicate Pupils	51
Dental Work	25 and 63
Ear Diseases	22
Educationally Sub-normal Pupils... ..	57
Employment of Pupils	45 and 64
Epileptics	51
Footwear	33
General Condition	13
Handicapped Pupils... ..	49
Heart Clinics... ..	24
Heights	13
Home Teaching	61
Infectious Diseases	43
Inoculations	44
Introduction... ..	9
Maladjusted	59
Meals, Provision of	18
Milk Scheme	21
Minor Ailments	29
Nursery Schools and Classes	46
Orthopædic Scheme	26

	PAGE
Partially-deaf Pupils	50
Partially-sighted Pupils	49
Physically Handicapped Pupils	53
Scabies	29
School Premises	45
Special Schools	49
Speech Therapy	61
Staff	5, 6 and 7
Tonsils and Adenoids .. .	23
Tuberculosis	42
Uncleanliness	30
Verminous Children	30
Verrucae	29
Vision	21 and 49
Weights	13

APPENDICES :—

A. Statistical Tables for Ministry of Education	
Numbers Inspected, etc.	65
Return of defects found	66
General Condition, Classification	67
Treatment of Defects	68
B. List of School Clinics	71

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 E. G. O'SHEA, B.D.S. (*From* 1.4.52 to 11.7.52).
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Oculists.

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 DAVID BLACK, M.B., B.Ch., B.A.O., D.O.M.S. (Also Visiting Oculist for Partially-sighted Children).
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H. S. BRYAN, M.R.C.S., L.R.C.P.

*Surgeon i/c of Aural Scheme and Aurist for Crown Street School
for the Deaf.*

COURTENAY YORKE, M.D., F.R.C.S.

Approved Officers for Educationally Sub-normal Children.

WILHELMINA L. DEVLIN, M.B., Ch.B., D.P.H., D.P.M.

F. HOPKINS, M.D., B.Ch., B.A.O.

School Nurses, Etc.

Superintendent: Miss M. SNODDON.

Deputy Superintendent: Miss W. K. POOLE.

Also:—45 Permanent nurses.

18 Temporary nurses.

13 Clinic Helpers (including 10 part-time).

12 Dental Attendants.

Clerical.

Senior Administrative Assistant: Mr. C. CRESSWELL.

Also:—46 Clerks.

CITY OF LIVERPOOL.

EDUCATION COMMITTEE.

REPORT of the MEDICAL OFFICER to the Education Authority for the Year ended 31st December, 1952.

Introduction.

The Medical Officer submits herewith his Report on the work of the School Health Service for the year 1952.

1. As the work described in this report was done whilst Professor W. M. Frazer was the Chief Officer responsible for the School Health Service, I think it is appropriate to start with a short review of certain advances which have been made under his guidance in this field of social medicine.

Forty years ago the work of the School Health Service consisted of the medical inspection of children twice during school life with no provision for remedying any defects or diseases found to be present. The realisation of the vast amount of existing disability led to the gradual provision of various forms of special care and treatment.

These original periodic inspections, the main purpose of which was to discover disabilities, have now evolved into a system of keeping all children under more continuous medical supervision. There are now four inspections which are complete medical surveys of all children during their school life. There is also the frequent reconsideration of all cases with the slightest departure from normal, as well as the consideration of cases brought forward by parents, teachers, and school health visitors. The amount of benefit which accrues to the children as

a result of advice given to parents at these various examinations is very great indeed.

Besides these medical examinations by the doctors, the school health visitors are doing independent reviews, paying particular attention to personal hygiene and to the routine checking of the vision of all children.

A recent innovation has been the testing of the hearing of all children at 8 years of age by means of a gramophone audiometer. Whereas marked cases of deafness were obvious by other methods, audiometer testing has revealed numbers of children suffering from varying degrees of defective hearing which in time would become serious if no preventive steps were taken. By this procedure many children are today better able to benefit from the education provided in school, and also protected from the handicap of deafness in adult life.

The part-time Consultants who are in charge of the special clinics conducted by the Authority, render valuable service in Liverpool. These clinics in no way overlap the hospital facilities, nor do they encroach upon the province of the general practitioner, but are ancillary to the school medical officers' work in the schools. Many cases are discovered which are within the province of the general practitioner and are at once referred to him for the necessary attention.

The main specialist clinics are for defective vision; orthopaedic defects; diseases of the ear, nose and throat; heart conditions; child guidance; and speech defects. These clinics are provided for special investigation and treatment. Many of the children attending such clinics are often slight cases of the particular defect yet cases which, if neglected, might develop into serious disabilities. These clinics are also centres where parents receive instruction and from which advice is given in dealing with the special problem of handicapped children.

In spite of all our preventive measures, some children acquire, but many more are born with, disabilities which seriously handicap them. In the interests of the community as well as those of the children themselves, it is essential that everything possible is done through the field of education to equip these children not only to have a fuller enjoyment of life, but also to be able to provide for themselves. What is being achieved in Liverpool for handicapped pupils I believe is second to none, and it gives me pleasure to think that the School Health Service is playing its part.

I do not need to stress the value of the school dental service. What was being accomplished up to 1948 in the provision of dental treatment was rapidly approaching the ideal, i.e., that the time of the school dental officers was being given purely to conservative dentistry and the acceptance of this treatment by the parents was rapidly increasing. What happened in 1948 is well known and again I need not stress how disappointed we in the Service felt with this happening. It is with much pleasure that I am able to report that during the year under review, and indeed even to a greater extent in the first months of 1953, this service has been recruiting staff. Although it will take a few years to overtake the arrears of work which have accumulated, the good work which was done before 1948 will not be lost and the time will soon come when again the conservative work assumes pride of place.

In this brief review I have only described some of the more outstanding advances, most of which have been achieved under Professor Frazer's guidance. In assuming control of this Service, I wish to record my appreciation of all that Professor Frazer has done for it and give the assurance that it will be my endeavour to do everything possible to maintain the reputation of the Liverpool School Health Service for progress and efficiency.

2. A further responsibility placed upon the School Health Service during the year by the Ministry of Education was the examination of all candidates for entry into the teachers' training courses. This work has no direct relationship with the purpose of the School Health Service, which is the promotion of children's health. Very many of the candidates have been under the supervision of the School Health Service throughout their school life and no doubt the Ministry, therefore, had in mind in making these Regulations the fact that we would have thorough medical knowledge of at least the majority of these persons. These examinations necessitate some three to four sessions work per month.

3. Although year after year I have drawn attention to the co-operation of the teachers in relation to the School Health work I feel that it is worthy of special mention in this Report. During the year, with the increase of professional staff, together with the inauguration of the hearing surveys, our entry into schools has been a process of increasing frequency. The fact that not once has this been adversely commented upon by any head teacher illustrates the admirable degree of co-operation which we are receiving from them.

Although from time to time School Health staff have addressed meetings organised at schools it was an innovation when the chief officers of the Head Teachers' Association addressed a meeting of school medical officers, dental officers, nurses, and senior members of the administrative staff. We gained much benefit from this meeting and are hoping that such meetings can be arranged regularly in the future.

How closely our efforts are linked with those of the teachers is evidenced by the increasing number of requests being received for health visitors to speak to pupils upon health topics.

4. Whereas adequate staff and well equipped clinics are essential it is, after all, the quality of the work done which will result in benefits to the health of the school children. Every attention is being paid to details of organisation to ensure that all the services are so co-ordinated that the maximum results are being obtained. Methods are being continually reviewed to examine critically whether or not useful objects are being attained without overlap of effort.

5. Clinic accommodation has been further improved by the opening of a clinic on the Belle Vale Estate and the re-opening of the Northumberland Street Clinic. The former clinic is upon a large temporary housing estate and provides for dental and minor ailments treatment. The Northumberland Street Clinic is a rebuilt clinic replacing a former one which was destroyed during the war. In the rebuilding the lay-out has been improved and this clinic now provides for minor ailments, defective vision, and has two up-to-date dental surgeries.

The division of the waiting room at the Dovecot Minor Ailments Clinic has put at our disposal a very useful room which is being used for speech therapy and aural work, still leaving all needed space for a waiting room.

6. From reading this Report one would not appreciate what an important part the school health visitor plays in the School Health Service. The only indications are brief references under a few of the headings such as cleanliness, and clothing. This, of course, is far from the true picture. The health visitors play an important rôle in almost all branches of the Service. They are present at the periodic medical examinations and supply the doctor with much information which they have gathered concerning the child and his home. They assist the doctor at the examination and following the examination they follow-up and advise parents upon all the environmental factors which have such an

important bearing upon health, such as sleep, feeding, etc. Then again in the treatment schemes, the health visitors play the major part at the minor ailments clinics and give much assistance at such clinics as those for defective vision and aural work.

I would also like to place on record my appreciation of how readily the school health visitors have helped when we have been faced with a nursing shortage in one or other of the boarding special schools.

7. Miss L. Knight, one of the school health visitors, retired in July, 1952, after 20 years' service in the Department.

8. Once again it is a pleasure to be able to report that the School Health Service is receiving the full support of the general practitioners and staffs of the hospitals in the area.

9. During the year under review increasing recruitment of staff and changes of organisation have placed added strains upon the Service. It has only been with full help of both professional and administrative staffs that the work has continued so efficiently. The Medical Officer would like to take this opportunity to express his thanks to the staff for their co-operation.

10. The Medical Officer expresses his appreciation to the Director of Education for supplying many items incorporated in the body of this Report, particularly in connection with the work of the Special Schools, the Youth Employment Bureau, the School Meals Service, and the School Welfare Branch.

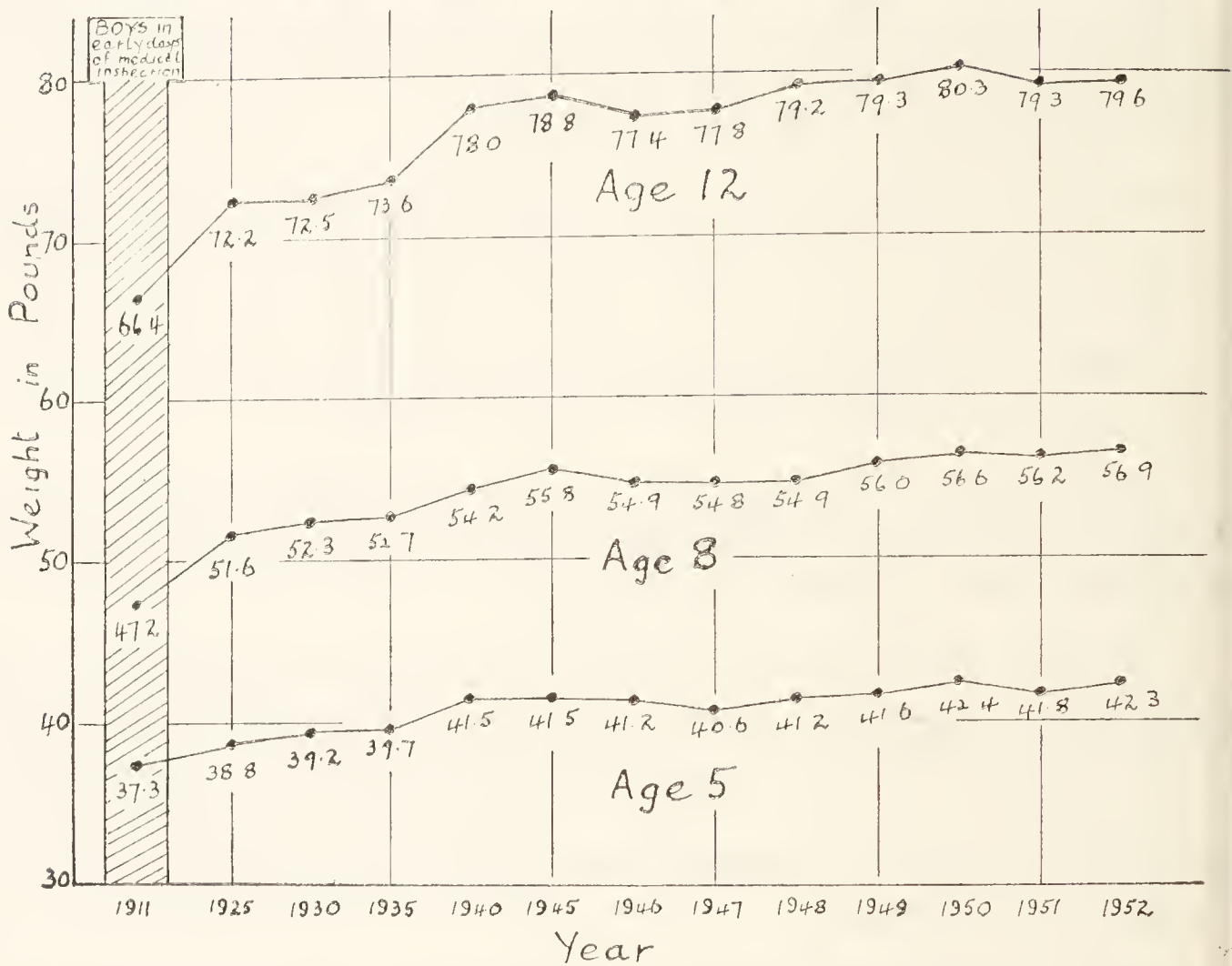
GENERAL CONDITION.

11. The results of the classification of the children examined at the periodic examinations into "good", "fair" and "poor" general condition is still unsatisfactory. As explained in last year's report this is considered to result from the use of the words "good" and "fair" in other than their commonly accepted meaning.

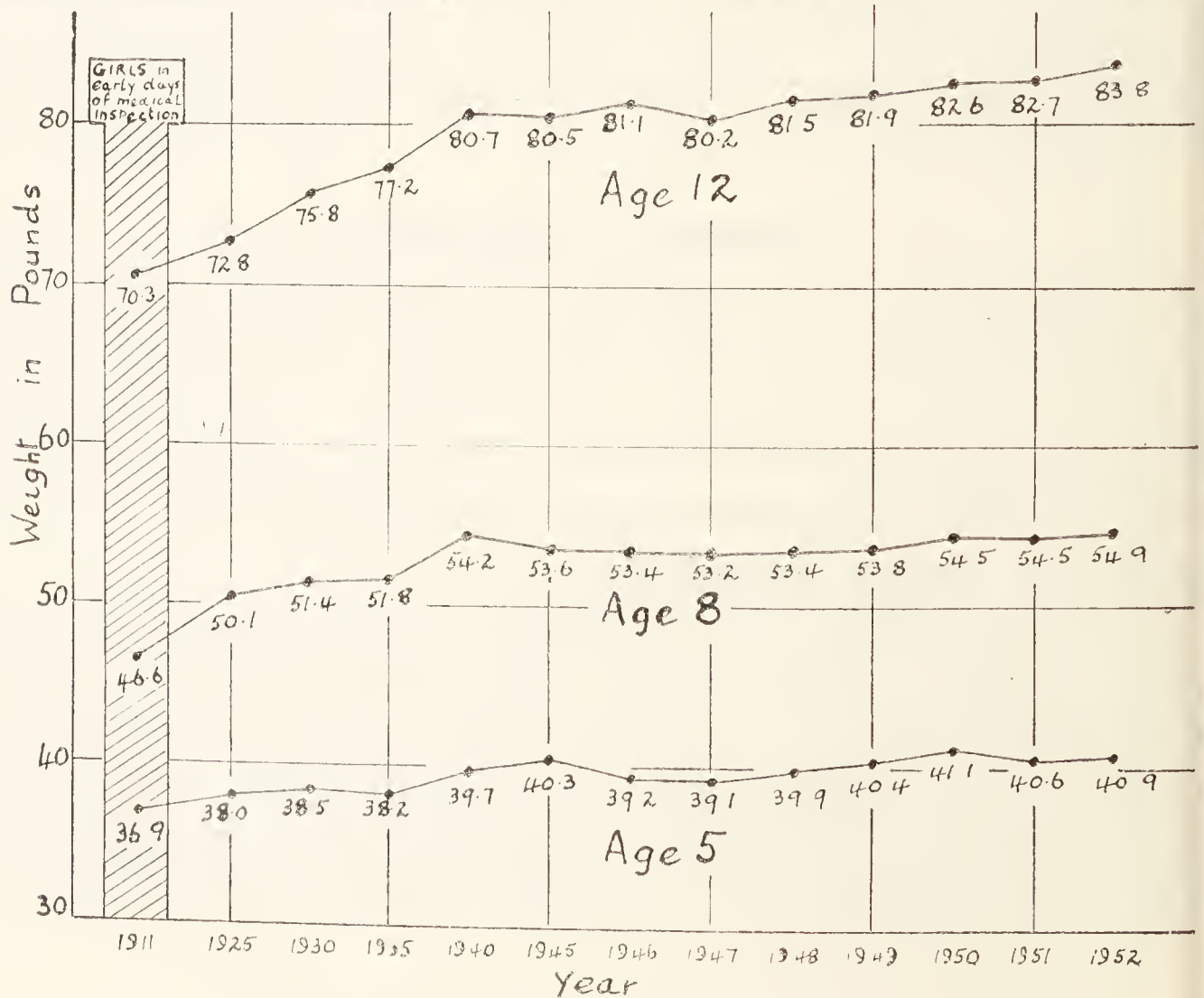
Comparative Heights and Weights.

12. A study of the graphs in relation to height and weight of the selected groups of school children shows that in most groups slight gains have been made over the previous year. When the figures for the current year are compared with those of the early years of the Service the improvement is remarkable. For example, the average weights of 12 year old boys and girls have increased 13·2 and 13·5 lbs. respectively.

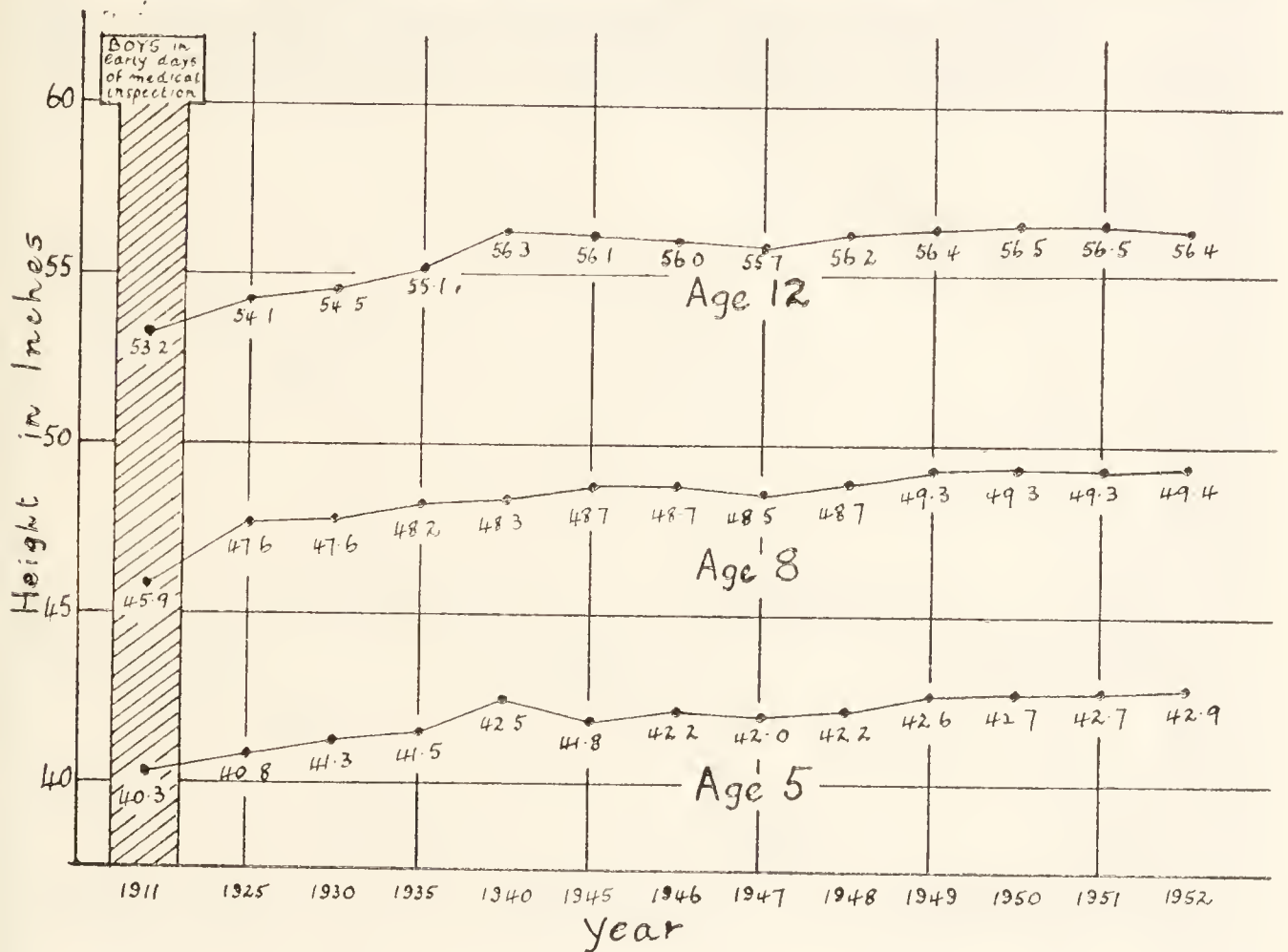
Comparative Average WEIGHTS of BOYS, Ages 5, 8 and 12.



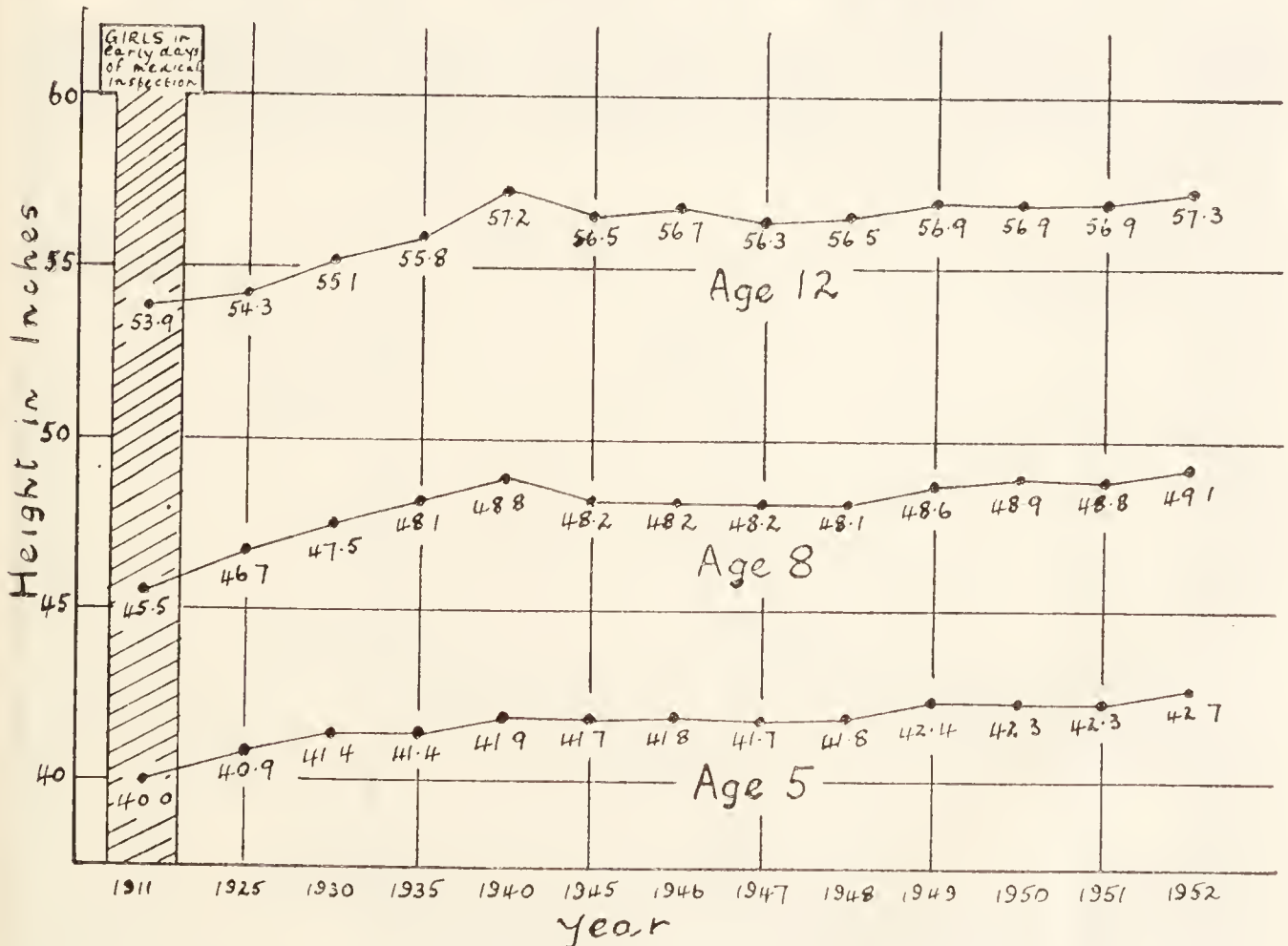
Comparative Average WEIGHTS of GIRLS, Ages 5, 8 and 12.



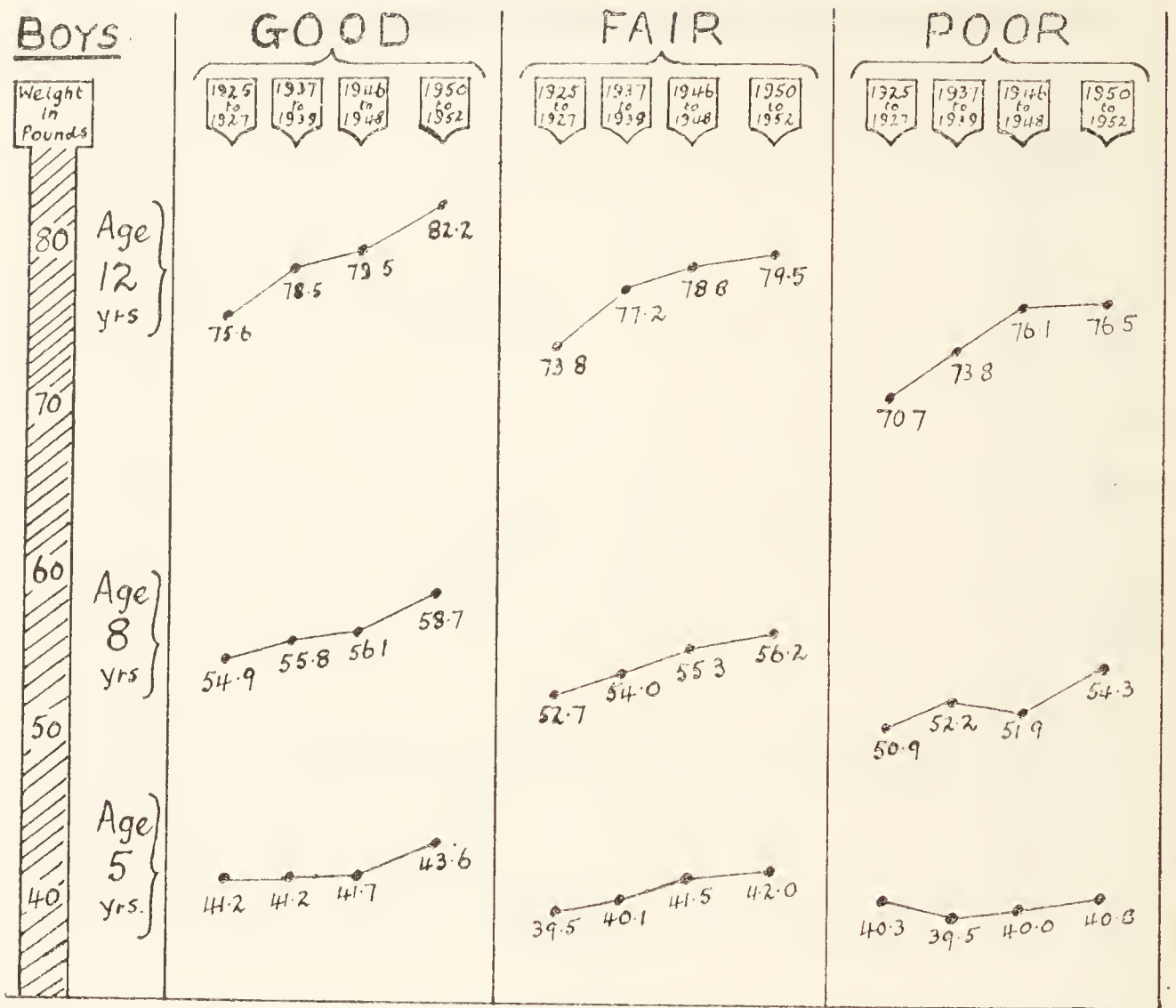
Comparative Average HEIGHTS of BOYS, Ages 5, 8 and 12



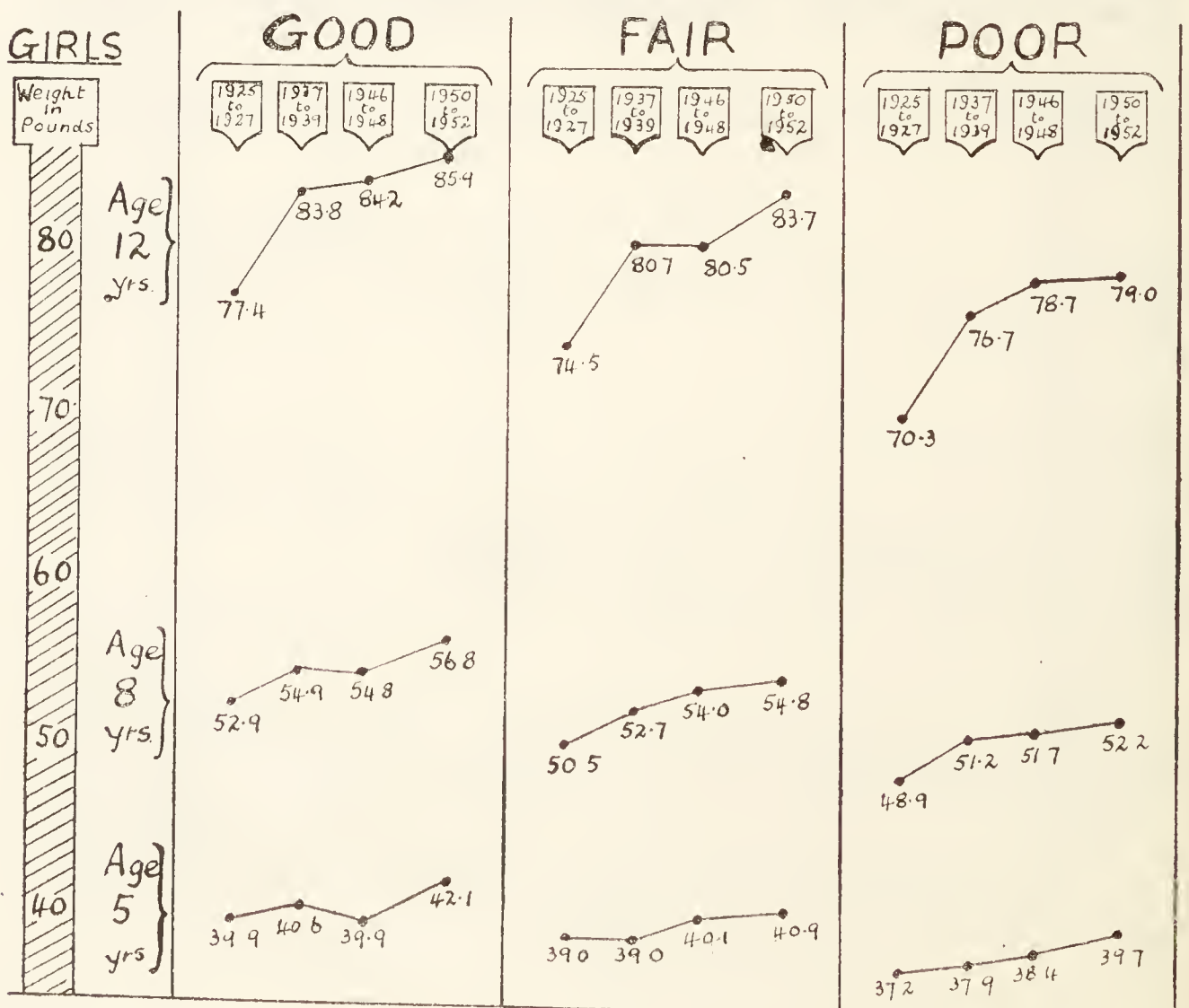
Comparative Average HEIGHTS of GIRLS, Ages 5, 8 and 12.



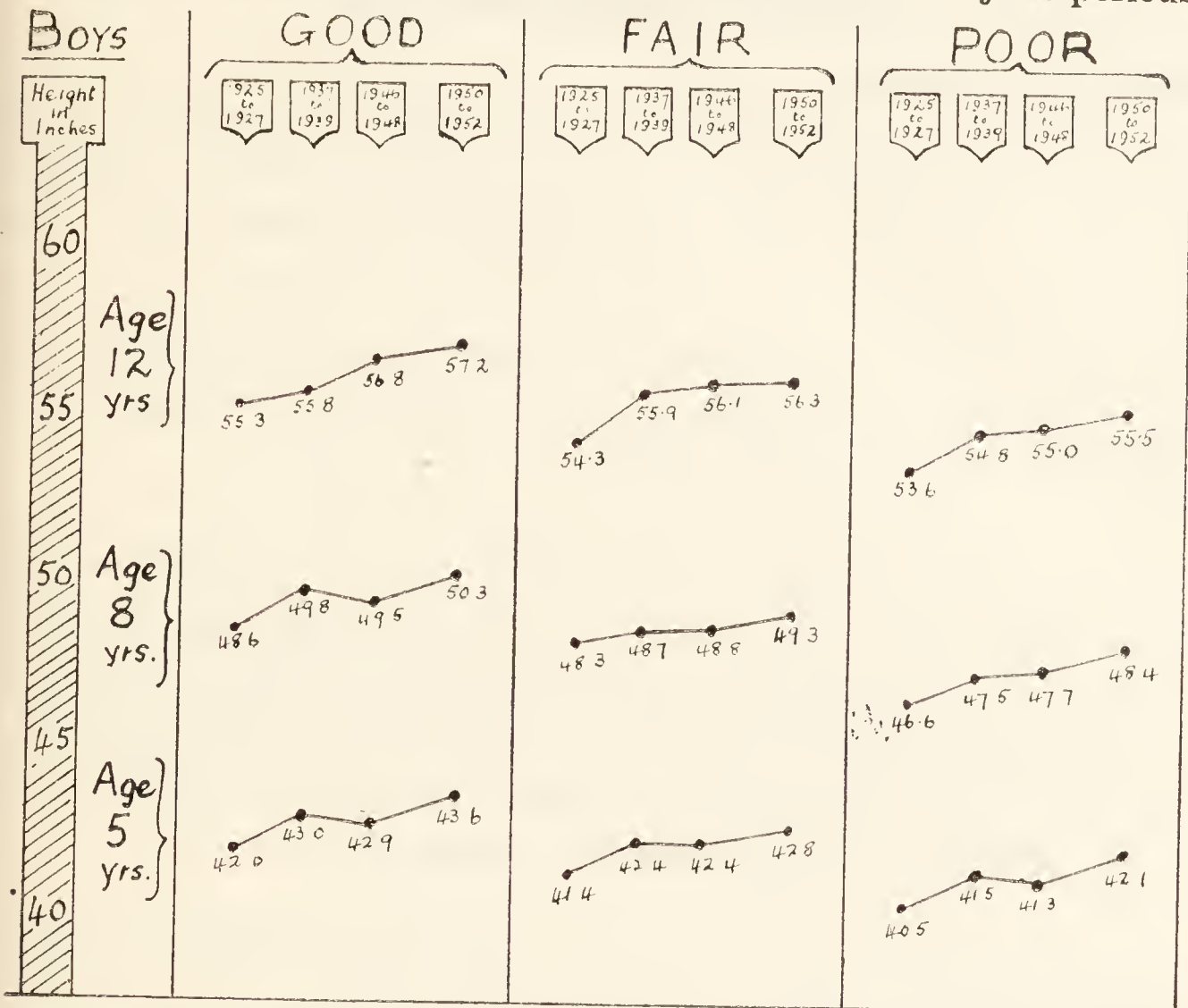
Comparative Average WEIGHTS of BOYS in four 3-year periods.



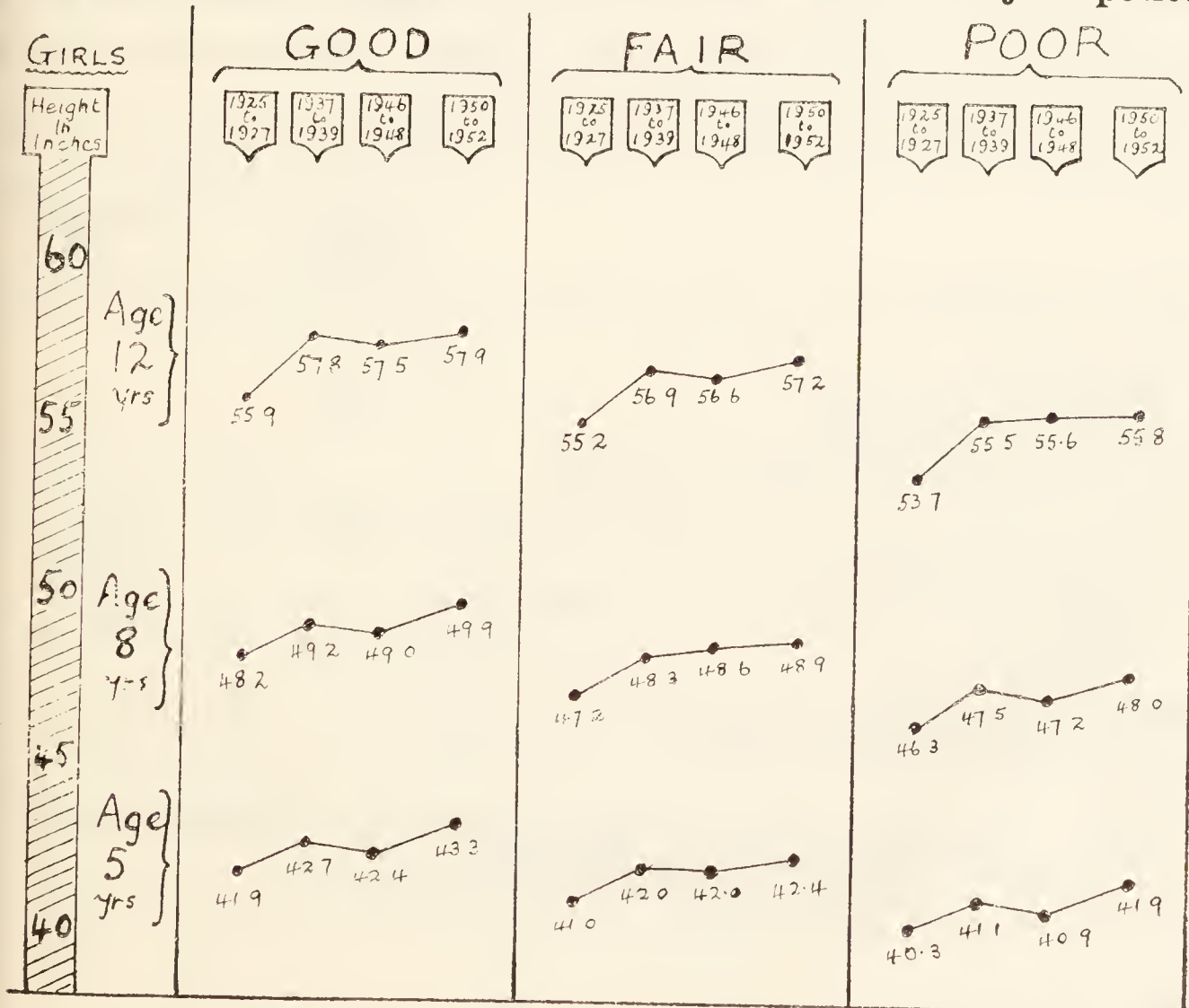
Comparative Average WEIGHTS of GIRLS in four 3-year periods.



Comparative Average HEIGHTS of BOYS in four 3-year periods.



Comparative Average HEIGHTS of GIRLS in four 3-year periods.



SCHOOL MEALS SERVICE.

Kitchens and Canteens.

13. The School Meals Building Programme, as approved by the Ministry of Education up to the time of the imposition of building restrictions in October, 1949, was completed during the year. With regard to new Primary and Secondary Schools which are being erected, the utmost economy is exercised in the provision of canteen facilities in accordance with the requirements of the Ministry of Education, as indicated in Circulars 240 and 250.

If meals can be supplied without difficulty from a Kitchen in the area in which a new school is to be erected, the Kitchen is omitted from the plan of the new school and a scullery and dining accommodation only are provided. Wherever possible, the school is planned so as not to preclude the possible extension of the dining accommodation and the provision of a Kitchen at some future date.

14. The undermentioned Kitchens and Dining Rooms were opened for the first time. These include cooking and/or dining facilities which have been provided in four new buildings erected in accordance with the Building Programmes of the Primary and Secondary Education Sub-Committees:—

	Kitchen Capacity (Meals).	Seating Capacity (2 Sitzings).
Central Kitchen.		
Muirhead Avenue East	1,500	—
Combined Kitchens and Dining Rooms in Schools.		
Belle Vale C.P.	*	250
Speke Secondary Modern No. 1, Central Avenue	375	375
Christ the King R.C.	*	250†
Speke Secondary Modern No. 2, Stapleton Avenue	*	375
Dining Rooms in Schools.		
Monksdown Road Special School	—	280

NOTE.—*Kitchen to be opened later.
†Second Dining Room to be built later.

15. Within the limit of expenditure on minor projects allowed by the Ministry of Education, new and additional equipment was installed during the year in a number of Kitchens and Dining Rooms in order to improve the cooking and washing-up facilities.

16. During the year a Canteen in the Parish Hall for children attending the St. Cecilia's R.C. School was closed as the accommodation was required for adaptation as additional classrooms, and dining arrangements were made for the children at the neighbouring Lister Drive County School Canteen. The Canteen in the Parish Hall attended by children from the Garston R.C. School became redundant and was closed, as there was sufficient dining accommodation available for the children in the Horrocks Avenue Kitchen/Dining Room within easy reach of the School.

Numbers of Dinners Served.

17. The numbers of dinners supplied to pupils in maintained Primary and Secondary Schools on a day selected in each of the months of February and October, 1952, were as follows:—

	1952	
	February.	October.
Number of Kitchens	77	78
Number of children present in the schools on day selected	116,769	120,471
Number of pupils provided with dinners	44,857	44,978
Percentage of pupils who were supplied with dinners.	38·41%	37·34%
Number of Canteens	240	238
Number of Schools and Departments served	419	422

In addition, dinners were also supplied to the following:—

	1952	
	February.	October.
Direct Grant Schools	1,024	1,072
Day Special Schools	1,470	1,506
Nursery Schools	420	440
Nurseries administered by the Medical Officer of Health.	638	683
Occupational Centres administered by the Medical Officer of Health	141	166
Adults—Canteen and Teaching Staffs	4,298	4,280
	7,991	8,147

The total number of dinners supplied during the year was 10,861,053 (Children, 9,911,242; Adults, 949,808).

18. Canteens were also in service at the College of Commerce, nine Evening Institutes, and eight other Further Education Establishments.

19. The gratifying increase of approximately 144,000 meals on the number supplied in 1951 justifies the hope expressed in the last annual report that the downward trend in the demand for meals has been arrested.

Quality of Meals.

20. In March, 1952, the planning of Menus, which hitherto had been drafted centrally, was handed over to the Kitchen Supervisors or Cooks-in-Charge of the individual kitchens. This has been an added interest to those running the kitchens and many are enjoying the extra opportunities of trying out new dishes with the experienced advice of the Area Organisers, as well as serving the dishes specially-favoured by their own particular clientele.

Kitchen Supervisors and Cooks-in-Charge have used their freedom intelligently, and the meals served are well balanced, reasonably varied and pleasant in appearance and taste.

The high standard of meals has been well maintained, and Her Majesty's Inspectors have commented favourably on the meals, of which they have partaken in many of the Kitchen/Dining Rooms.

Milk.

21. Milk for drinking is provided under the Milk in Schools Scheme, free of charge, and the numbers of pupils taking milk in Primary, Secondary, Day Special and Nursery Schools on a day selected in each of the months of February and October, 1952, were as follows:—

	1952	
	February	October.
No. of pupils taking milk ($\frac{1}{3}$ rd pint)	112,069	116,309
Percentage of pupils present supplied with milk ...	93·99%	94·57%

DEFECTIVE VISION.

22. At the periodic medical examinations the total number of children found to have some defect of vision was 7,135 (15·9 per cent.), of which 1,849 (4·1 per cent.) were of a minor degree and recorded for observation only.

In addition to the cases of defective vision discovered as a result of the periodic examinations, 2,057 cases were seen as "specials".

23. The number of new cases treated under the Committee's scheme was 3,131, as compared with 3,547 during the previous year. The number re-examined at the clinics was 8,411. These numbers do not represent the total number of clinic attendances, since many children with amblyopia received intensive treatment, attending weekly, or oftener, over extended periods.

24. Towards the end of the year a further Eye Clinic was opened at the newly re-built minor ailments clinic premises in Northumberland Street. This provides much needed facilities for the treatment of defective vision in the south end of the City.

A total of 26 sessions per week is now devoted to the Eye Clinics.

EAR, NOSE AND THROAT CONDITIONS.

25. Table I shows the types and numbers of cases seen at the five aural clinics.

TABLE I.

Aural Clinics.

Number of children who attended for treatment 1,061
Total number of attendances at the clinics 4,523

Defect	Total	Dry or Healed	Im- proved or I.S.Q.	Exam. only. No treatment given.	Still under treatment	Failed to complete treatment	Referred to Hospital or own Doctor	Referred to M.A.C. or other Clinics
Acute Otitis Media	32	11	2	—	2	—	16	1
Suppurating Otitis Media ...	92	39	6	9	18	13	2	5
Chronic Suppurating Otitis Media ...	205	56	59	2	42	31	14	1
Mastoid Cavities	13	1	1	2	3	4	1	1
Middle Ear Deafness with Otorrhoea	One Ear 93	1	39	3	24	19	5	2
	Both Ears 75	—	33	5	13	15	3	5
Middle Ear Deafness without Otorrhoea	One Ear 88	1	32	19	18	14	—	4
	Both Ears 269	4	149	28	40	32	6	8
Inner Ear Deafness	One Ear 10	—	7	—	3	—	—	—
	Both Ears 22	—	1	—	7	1	3	—
Otalgia and other conditions ...	106	25	24	32	4	9	5	7
Nose and Throat conditions ...	224	8	41	69	19	36	42	9
TOTALS ...	1,229	146	394	169	193	174	97	43

Minor Operations 39
Referred to Alder Hey Hospital for Mastoid Operation 5

26. Mr. Courtenay Yorke in his report states:—

“More than ever it is realised that the main purpose of the Aural Clinic is to discover deafness in its early stages, and by regular supervision and treatment to cure or relieve it where possible.

“Unfortunately, it is only in the conductive type of deafness that improvement in hearing can be expected, but the great majority of cases are found in this class. The principal cause of conductive deafness is nasal catarrh which, especially in children from poor homes, is apt to be very persistent. In such cases we always explain to the parent the importance of diet, fresh air, suitable clothing and other general measures. When possible, however, admission of more of these children to Open-Air Schools or Convalescent Homes would be very helpful.

“During the year we have cured numerous cases of catarrhal deafness by inflation of the ears at regular intervals, sometimes over a period of several months.

“Perceptive or nerve deafness is frequently found, among other causes, to be due to virus infection associated with measles or mumps. Many such cases have been seen during the year, and since they are liable to be unilateral they are often overlooked in the home or school, and discovered only in the routine tests with the gramophone audiometer.

“The ‘Hearing Aid’ can be worn by the average child of 10 and is being increasingly prescribed. It is particularly useful in conductive deafness and has enabled many children to continue with a normal education, instead of being transferred to a special school.

“Once again very large numbers of children, with symptoms suggesting unhealthy tonsils and adenoids, have been examined. In every case the parent or guardian is interviewed, and recourse to operation is taken only when absolutely necessary.”

27. Of 975 cases referred to the Consultant in regard to possible disease of tonsils or adenoids, operation was advised in 477. From the Table below it will be noted that 405 of these were operated upon during the year.

TABLE II.

Hospital.				Tonsils and Adenoids removed.	Tonsils only removed.	Adenoids only removed.	Totals.
Rathbone	...	...	...	69	61	18	148
John Bagot	...	...	...	135	78	44	257
Total	...	...	...	204	139	62	405

28. A second gramophone audiometer was obtained early in the year and this provision enabled the complete survey of the hearing of all the 8 year-old children. Of the 11,825 children tested 1,213 were referred for investigation to the aural clinics. Of these 330 were found to be normal, some after removal of "wax" from the ears. The number found to be defective was, therefore, 883, or 7·5 per cent. Of the cases with defect a little more than half, 54·0 per cent., were of very mild degree.

The deafness in a large majority of the cases was due to a catarrhal condition, usually involving the nose and throat. Much benefit is hoped by the local and general treatment of these cases. Many cases of adult deafness have as their cause chronic infection of the Eustachian tube, therefore, any steps which will alleviate the condition in childhood will be of much value.

HEART CLINIC.

29. In September, 1951, the Heart Clinic began to function. This clinic is conducted by a Consultant Paediatrician, Dr. John Hay.

The clinic session is held in one of six centres and a school medical officer attends on the occasion when his or her cases are being considered. This arrangement is working very satisfactorily, facilitating the work of the clinic and giving the school medical officers an opportunity to increase their knowledge.

30. Since September, 1951, 200 new cases have been seen of which 130 were referred to Dr. Hay's clinic at the Royal Liverpool Children's Hospital for further investigations. The classification of the cases seen was as follows:—

Rheumatic heart disease	...	...	38
Congenital heart defect	...	...	78
No organic lesion	...	...	84

Of the congenital heart defects 7 have been operated upon and 8 are awaiting operation.

Of no less value than the confirming of disease was the ascertaining that 84 of the cases had no organic lesion. For any child to have to be restricted in his physical activities is a serious matter. The psychological trauma may be very great. It is, therefore, important to make sure that no child's activity is limited unless it is absolutely essential.

When first seen at the Heart Clinic 73 of the 200 cases had some restrictions of physical activity placed upon them but in 42 of these cases Dr. Hay advised full activity. It should be noted that in some instances the restrictions had merely been imposed for a relatively short period whilst the cases were awaiting to be seen by Dr. Hay.

DENTAL INSPECTION AND TREATMENT.

31. The following Table shows the work carried out under the dental scheme for the pupils attending Primary, Secondary Modern, Grammar and Technical Schools:—

TABLE III.

	1949	1950	1951	1952
Number of children examined in school	68,474	51,683	41,174	61,464
Number of children requiring treatment	43,936 (64.1%)	31,800 (61.5%)	26,067 (63.3%)	40,346 (65.6%)
Number of cases accepting treatment under the Dental Scheme	25,724 (58.5%)	22,006 (69.2%)	18,620 (71.4%)	24,462 (60.6%)
Number of cases treated	25,852	20,314	17,868	22,415
Number of schools concerned ...	102	91	81	99

32. In contrast to the somewhat dismal picture drawn in the last report it would appear that the School Dental Service in Liverpool had reached its lowest ebb during 1951.

33. Commencing in January of this year there has been a steady recruitment of dental officers to the Service so that by the end of 1952 the staff consisted of 9 whole-time and 5 part-time officers, the equivalent of almost 11 whole-time officers. This increase in the professional staff is reflected in the number of children dealt with during the year and even these figures would have been greater but for the fact that Mr. Parsons, the Senior School Dental Officer, was absent from duty through illness for the greater part of the year.

34. It is, of course, still too early to see any marked improvement in the proportion of fillings to extractions but with the continuing entry into the Service of many young and keen dental surgeons this will undoubtedly be shown during the next twelve months.

ORTHOPAEDIC SCHEME.

35. There were 1,389 new cases referred to the orthopaedic clinics in 1952 and 1,761 cases continued their attendances from the previous year. The children made 9,154 attendances including 3,423 for examination by the surgeons and 5,731 for treatment by the physiotherapists.

36. From the orthopaedic clinics 109 cases were referred to hospitals for investigation and treatment.

Summary of Hospital Treatment, 1952.

Correction of deformities of feet or toes	...	...	15
Treatment of torticollis by operation	...	...	4
Osteotomy, arthrodesis or tarsectomy	...	...	1
Other operations	...	...	8
Other treatment	...	...	4
			<hr/>
			32
			<hr/>

37. The Child Welfare Association assisted the parents in obtaining new apparatus, surgically altered boots, repairs, etc., in 3,129 instances. Their visitors also made 3,674 visits to parents for reasons connected with the work.

38. The accompanying Table shows, in detail, the work carried out at the clinics:—

TABLE IV.

Cases dealt with under the Orthopaedic Scheme during 1952.

	No. of Cases seen at Surgeon's Visits.				
	Clinic.				Total.
	Dingle House	Walton	Everton Road	Garston	
Infantile Paralysis	5	8	16	1	30
Birth Palsy	1	—	1	—	2
Spastic Paralysis	27	17	33	2	79
Talipes	5	15	6	2	28
Spinal Curvature	12	22	26	1	61
Torticollis	7	21	16	1	45
Flat Feet and Knock Knees...	548	544	338	36	1,466
Other deformities	153	152	251	4	560
Other defects	295	294	290	50	929
TOTALS	1,053	1,073	977	*97	3,200

* Figures include 50 cases transferred from Dingle House Orthopaedic Clinic to Garston Orthopaedic Clinic.

39. Mr. Dwyer, one of the orthopaedic surgeons to the clinics, reports that:—

“Since the last Annual Report one particular change of note has taken place in the School Clinics scheme, namely that of providing suitable arrangements for an Orthopaedic Clinic in Garston. The Clinic is excellently sited and, because of this, is a great help to large numbers of patients living in the Garston and Woolton areas and also on the new Speke Estate. The problem of getting patients from these outlying areas to the older established Clinics in Dingle, Everton Road

and Walton was always a difficult one and I am convinced accounted for a good deal of absenteeism. We are all delighted with arrangements in the new Clinic which are very satisfactory and I feel that the needs of the City are now quite well catered for.

“As I have remarked before, the Orthopaedic Clinics run by the Education Committee are most valuable and they provide facilities for seeing and examining children which cannot really be equalled in hospital practice. I am convinced that if we were seeing all these children, referred by school medical officers, in hospital Out-patient Departments, the percentage of absenteeism would be very much greater than it is. There is no doubt at all that children's fears are allayed by the pleasant atmosphere and that the parents have the fullest opportunity of discussing their children's complaints with the Visiting Surgeon. At the same time we have been fortunate in securing the closest co-operation with Alder Hey Hospital and, consequently, there has never been any difficulty about arranging for special examinations such as are provided by the X-ray and Pathological Departments. This association should be fostered and, at the same time, every effort should be made to return children to the school clinics as soon as possible after hospital investigation or treatment. In the past there was, I think, a tendency for patients sent to hospital, to remain as out-patients of the hospital rather than coming back to the school clinics. This was never really intended but represented an administrative weakness which has, to a large extent, been remedied during last year. I feel it is important that the patients should come back to school clinics as soon as possible after their hospital treatment, not only in order to keep a close check on their progress, but also to maintain the interest of the Physiotherapists in the patients under their care. It was natural that they should complain from time to time that they were left with all the uninteresting cases to treat and that the more interesting patients ended up in hospital.

“As I have often said in the past, the school clinics are doing an excellent job of work and I am convinced that every effort should be made to preserve them as entities separate from ordinary hospital Out-patient Departments. The present arrangement is so good one hopes it will continue indefinitely.”

MINOR AILMENTS.

40. For the purpose of organising minor ailment treatment the schools are divided into 16 groups, based upon the Authority's 15 clinics. The doctor who carries out the periodic inspection in the schools in each group is in charge of the clinic for that group. Likewise, the school health visitors attached to each of the clinics also, as far as is possible, carry out the various school health visitors' duties in connection with their own group of schools. By organising the work in this way the doctors and school health visitors are able to make further useful contacts with those parents who bring their children to the clinics.

41. At the minor ailments clinics 33,778 cases were treated during the year. The treatment of these cases necessitated 226,956 attendances.

42. There were 70 cases of ringworm of the scalp as compared with 81 during the previous year. Arrangements are made with the Newsham Hospital, Belmont Road, for the treatment to be carried out. Of the 70 cases referred to this hospital 64 were treated by means of X-rays and 6 by other methods.

43. Of the 2,310 cases of skin conditions treated at the minor ailments clinics, 1,295 were cases of impetigo as compared with 1,048 in 1951. There was an increase in the number of cases of conjunctivitis, the number treated being 807 as compared with 725 in 1951, whilst 679 children required treatment for blepharitis as compared with 585 during the previous year. There has thus been a considerable increase in these three diseases.

44. Scabies continued in its steady decline from 1,226 cases in 1947 to 99 in 1951 and 54 in 1952.

45. Of recent years painful warts on the feet, which are known as verrucae, have become more prevalent. During 1952 a total of 411 cases of verrucae were treated at the various minor ailments clinics. This number does not represent the total number of cases, since others, the number of which is unknown, were treated elsewhere. As a precautionary measure, the Head Teachers are advised to prohibit all cases from attending the swimming baths or from using the school shower baths, and temporarily to discontinue all bare-foot dancing.

UNCLEANLINESS AND NEGLECT.

Personal Hygiene.

46. The health visitors made 382,014 examinations of school children with regard to cleanliness, and altogether 19,753 children were found to show some evidence of verminous infestation or were very dirty. In the case of 1,983 children, statutory notices were served upon their parents owing to their failure to cleanse their children after previous notification, and 1,766 children were cleansed by the parents and 217 had to be compulsorily cleansed by the staff.

The total number of attendances made at the cleansing stations during the year on account of verminous conditions was 8,920.

47. At the routine examinations in the schools 8.20 per cent. of the children were found to show evidence of infestation, the incidence being 5.06 per cent. in the case of boys and 11.73 per cent. in the case of girls. The results of the health visitors' cleanliness survey show that 15.82 per cent. of the children were found at least once during the year to be infested. The difference between the routine examination figures and the "Survey" figures is probably due to the fact that at the routine examinations the parents are notified that their children are about to be examined, but they are not notified of the survey examinations.

48. The situation in regard to cleanliness has been greatly altered during the past ten years by the bringing into use of certain new insecticides, namely, Lethane, D.D.T. and Gammexane. Before the advent of these insecticides there was no substance which could safely be applied to the hair and which could be guaranteed to kill all the lice. Since these insecticides can be obtained free of charge through the National Health Service it is felt that there are now no circumstances which excuse infestation with lice.

49. Throughout the year the powers given under Section 54 of the Education Act, 1944, have been fully used. This has resulted in 28 prosecutions, involving 34 children, of parents who have allowed their children again to become verminous after compulsory cleansing. The results of the Court actions were as follows:—

Twenty-five cases—Fine.

Two cases—Conditionally Discharged.

One case—Discharged.

50. Miss Snoddon, the Superintendent School Health Visitor, emphasises, in her report, that although the prosecutions in cases of uncleanness are very helpful, much effort continues to be made to educate the children and their parents. The health visitors, besides giving many lectures to Parent-Teacher Associations, are being more frequently asked to share in the teaching of the children. In many schools it is becoming a routine for the health visitor to give a talk to senior pupils following a hygiene survey. In referring to problem families Miss Snoddon states "There is still over-all neglect of hair, clothing and general care. These children are found verminous and ill-clad, and clothing is often inadequate. Even when new clothing is obtained, when it becomes torn it is then discarded. No attempt is made to renovate clothing, and patched trousers or darned stockings are rarely seen. Secondhand clothing, including footwear of poor quality, is still bought by some parents for young children in the poorer families, and even older girls between fourteen and fifteen years rarely appear to understand the care of clothing and the need to make garments last.

"Many of these homes have neither cooking utensils to use nor chairs on which to sit, and overcrowding is a considerable handicap for these families.

"Fatigue, due to late hours, lack of sleep and uncleanness, are the main defects found in these children, but only rarely do they appear undernourished."

51. A number of health visitors in their reports refer to the problem of uncleanness. ". . . there has been a definite improvement, first in the milder degree of infestation and secondly in the attitude of the teachers to this subject. There is still much work to be done to urge parents that this is firstly their responsibility, particularly with the senior girls who are often more heavily infested than their younger brothers and sisters."

"The new Scheme is excellent for dealing with parents and older girls who refuse to take the advice given."

“During the present hygiene survey in school I find there is a marked improvement in the condition of the children’s hair. There has been one Court case in this school.”

“There are still, however, a few regular offenders, especially in the homes where the mothers are out at work all day.”

“It would be of great benefit if children of school age were not allowed to have their hair permanently waved, since if a child’s head becomes infested it is not treated.”

“I have encountered several mothers who believe that ‘You are not healthy if you haven’t them’. Also, many of them will not accept the fact that nits are the eggs of lice. I think the answer in such cases lies in educating the children in hygiene and they in turn will help their parents, and as they grow older will insist upon a certain standard of cleanliness in their own homes.”

The question of insufficient sleep is a prominent feature of all health visitors’ reports. It is their almost unanimous opinion that the situation is becoming worse and, also, that the reason is the advent of television. Children are relatively quiet whilst watching television and therefore it is an easier matter to allow them to remain watching than to send them to bed.

52. The School Attendance and Welfare Department has co-operated with the School Health Service in investigating cases of neglect referred to them.

Mr. Houghton, the Superintendent of the School Attendance and Welfare Department states:—

“A substantial number of cases which came to the notice of the Department alleging neglect or ill-treatment of children were referred by health visitors. Cases of this nature frequently require careful investigation and supervision over a long period. Legal proceedings were taken in fifteen cases. The results of the Court actions were as follows:—

Imprisonment	...	...	...	2 cases
Probation	...	...	...	5 „
Fine	...	...	...	4 „
Conditionally Discharged	...	...	...	4 „

Clothing.

53. There appears to be much variation in the state of clothing. In general the health visitors consider that quality has improved but the degree of interest of the parent is reflected in its state of repair and fit. A neighbourhood or even a school can have a standard which is more a matter of group psychology than of financial means. An appeal to personal appearance is a very useful approach in dealing with health problems, particularly amongst older girls.

Footwear.

54. In connection with footwear a few health visitors note a slight improvement, but the situation is still very unsatisfactory. Wellingtons are being worn far too much, and mostly without stockings. The poor fit of shoes worn is probably the worst feature of this problem.

CHILD GUIDANCE.

55. Dr. Leveson reports:—

“The increased work of the Child Guidance Centre during the year has necessitated much augmentation of the staff, in particular with regard to the educational and social services provided. In September, Miss D. Braithwaite resigned her appointment as Psychiatric Social Worker to complete her academic training. Miss Braithwaite has done excellent work and it is with pleasure that we record our appreciation of this and her contribution to the general work of the Centre. She was replaced by Miss A. Fisher, and in December the social services were extended by the appointment of Miss U. P. O'Neill, so that for the first time the Centre has achieved its establishment of two Social Workers. Following the suggestion made in the last Annual Report regarding the need for increased help with remedial teaching, two peripatetic teachers, giving between them three sessions per week, have been seconded to the Centre, and this has done much to reduce the waiting list for remedial teaching. We are grateful for the co-operation of the Special Schools Department in this arrangement which is working perfectly satisfactorily. The demand for remedial teaching is such that an extension of this arrangement is desirable, should circumstances permit it.

56. A total of 359 cases attended the Centre during the year for diagnosis, advice, and treatment. Of these, 237 (155 boys and 82 girls)

were new cases. This represents an increase of 56 new cases, as compared with 1951.

The number of attendances for treatment were:—

(a)	Individual psychotherapy	...	...	444
(b)	Group psychotherapy...	...	...	361
(c)	Remedial teaching	...	...	1,155
				<hr/> 1,960

Social visits to homes numbered 448, and, in addition to this, 12 visits were made to schools. Now that we have two Social Workers on the staff it will be possible to do much more regular visiting, and those cases who are unsuitable for treatment at the Centre but who require supervision and general guidance can now be more adequately catered for.

There were 21 cases specially examined and reported on at the request of the Magistrates of the Juvenile Court.

57. The problems of the cases as referred have been classified as under. It will be appreciated that many cases present multiple symptoms which could be classified under several headings, but only the main problem is listed below:—

Nervous Disorders	...	...	...	...	...	...	...	...	18
Fears	...	...	...	...	...	...	...	8	
(anxiety, phobias, timidity, over-sensitivity)									
Seclusiveness	...	...	...	...	...	...	...	2	
(unsociability, solitariness)									
Depression	...	...	...	...	...	...	...	3	
(brooding, melancholy periods)									
Excitability	...	...	...	...	...	...	...	4	
(over-activity)									
Apathy	...	...	...	...	...	...	...	1	
(lethargy, unresponsiveness, no interests)									
Habit Disorders and Physical Symptoms	...	...	...	...	...	...	...	60	
Speech disorders	...	...	...	...	...	...	...	2	
(stammering, speech defects, hysterical aphonia, inability to speak)									
Sleep disorders	...	...	...	...	...	...	...	6	
(night-terrors, sleep-walking, insomnia, talking in sleep)									
Nervous movements	...	...	...	...	...	...	...	7	
(twitching, tics, habit-spasms, head-banging, thumb-sucking, nail-biting)									

Excretory disorders	...	...	...	...	...	...	...	30
(constipation, enuresis, faecal incontinence, refusal to use lavatory)								
Nervous pains and paralyses	...	...	...	...	...	...	...	6
(hysterical paralyses, nervous dyspepsia, pains in limbs, headache, functional deafness and disturbance of sight)								
Fits	...	...	...	...	...	...	...	4
(epilepsy, hysterical fits, periods of unconsciousness)								
Physical disorders	...	...	...	...	...	...	...	5
(allergic conditions, asthma, etc.)								
Behaviour Disorders	...	...	...	...	...	.....	...	101
Unmanageable	...	...	...	...	...	...	...	30
(disobedience, beyond control, persistent negativism, defiance, refusal to work or go to school)								
Temper	...	...	...	...	...	...	...	10
(tantrums, anger, screaming fits)								
Aggressiveness	...	...	...	...	...	...	...	9
(bullying, destructiveness, spitefulness, cruelty)								
Stealing	...	...	...	...	...	...	...	31
Lying and romancing	...	...	...	...	...	...	...	4
Truancy	...	...	...	...	...	...	...	13
(wandering, staying out late)								
Sex difficulty	...	...	...	...	...	...	...	4
(masturbation, sex play, homosexuality)								
Psychotic Behaviour	...	...	...	...	...	...	...	6
(hallucinations, delusions, extreme withdrawal, bizarre symptoms including violence)								
Educational and Vocational Difficulties	...	...	...	...	...	...	...	52
Backwardness	...	...	...	...	...	...	...	32
(mental retardation, school failure)								
Inability to concentrate	...	...	...	...	...	...	...	1
(day-dreaming, inattention)								
Special disabilities	...	...	...	...	...	...	...	19
(high-frequency deafness, word-blindness, handedness)								
Total							...	237

58. There have been fewer cases of speech disorders referred during 1952, probably due to the fact of the Speech Clinic developing.

59. There has been some increase in the children primarily referred on account of the presence of specific disabilities in relation to their education. This increase is no doubt due, to a large extent, to the fact that School Medical Officers are becoming increasingly aware of the facilities offered for remedial teaching.

The age range of the new cases was as follows:—

Below 8 years of age ...	...	...	...	37
8 to 11 years of age ...	...	...	...	110
12 years of age and above ...	...	...	...	90

Of the 237 cases investigated, 19 per cent. were of above average intelligence, 33 per cent. of average intelligence, and 48 per cent. of below average intelligence.

60. It will be observed that a very large number of the children referred for examination are of below average intelligence, and in such children little can be done by individual psychotherapy, but much help is often given in these cases by advice to parents and social adjustment. Frequently mental dulness is of hereditary origin and the dulness of the parents materially adds to the difficulties of guidance and supervision.

NATURE OF TREATMENT UNDERTAKEN IN CLOSED CASES.

1. Diagnosis and Advice	...	...	...	...	...	...	...	70
(a) General advice to source of reference...	...	...	...	...	...	...	...	41
(b) Recommended for E.S.N. Special School	...	...	...	...	...	...	...	12
(c) Recommended for Maladjusted School or other residential school	...	...	...	...	...	...	...	11
(d) Recommended for transfer to Clinic or Hospital	...	...	...	...	...	...	...	6
2. Individual and Group Treatment	...	...	...	...	...	...	...	60
(a) Satisfactorily adjusted	...	...	...	...	...	...	...	43
(b) Improved	...	...	...	...	...	...	...	15
(c) Not improved	...	...	...	...	...	...	...	2
3. Withdrawn by parents before completion of treatment, closed for lack of co-operation, or closed for other reasons	...	...	...	...	...	...	...	15

Juvenile Delinquency.

61. In respect of the large number of delinquents we see, only a small percentage present significant psychiatric abnormalities. The background for the majority lies in mental dulness aggravated by adverse social circumstances, parental inadequacy, lack of character training, and poor facilities for the proper use of leisure time. Inadequate home supervision is a common cause, and in many of the families there is little regard for recognised social standards. In some of the grammar school cases, children from economically less secure homes frequently develop a sense of social inferiority and stealing may be a symptom of this.

Where there is parental co-operation and cases are seen at an early stage, much can be done with suitable treatment, but where there is a lack of parental co-operation the problem can frequently only be solved by some form of residential care. If there is much emotional and social maladjustment treatment can most effectively be given in a residential school for maladjusted children, although the problem always arises in these cases when they are adjusted as to whether or not they should return to their homes, which have, in the first place, contributed so much to their original delinquency. It is often unnecessary to retain these children in a school for maladjusted children, although in many cases there is no other suitable disposal available. Where there is no real emotional maladjustment, and especially in cases of recurrent delinquency, the Home Office Approved School frequently offers the best chance of character training.

Grammar School Cases.

62. We have been particularly interested in the problem of grammar school children who have been referred for advice and treatment at this Centre. These are often children of very high intellect and prospectively very valuable members of the community. It is hoped during the coming year to make a special study of the causes of failure in these children.

Cerebral Dysrhythmia.

63. Further experience has confirmed the value of the electroencephalographic studies in certain cases, and dramatic improvement has frequently followed treatment directed primarily to this condition where psychological treatment had previously failed.

Remedial Teaching.

64. The part-time help with remedial teaching has enabled us to increase the amount of this work done in the Centre, but in spite of this we are unable to satisfy the demand, and a waiting list is necessary. This has necessitated our being even more rigorous in the selection of children for such treatment at the Centre. Except in special cases where there is emotional maladjustment in addition to educational backwardness, the facilities for remedial teaching at the Centre are best used by children who are of at least average intelligence. Many

children, who are of dull intellect, but not to the degree of educational subnormality, have been specifically referred for remedial teaching. While some of these can benefit from this form of treatment, the time available can be spent much more profitably with those children who are of at least average intellect.

We further found many cases of specific educational disabilities are referred for the first time shortly before the children are due to leave school. It would be a great help if these children could be referred in the early stages of the Junior School Course, as the greater the delay in dealing with these difficulties, the more fixed do they become, and undesirable habits and emotional attitudes towards school work are formed which may be difficult or impossible to eradicate at this late stage.

Group Play Therapy.

65. During 1952, play group sessions have been held regularly for children aged 5-11. Altogether 48 children have attended, of whom 40 co-operated fully. Twenty children have been discharged from group treatment as satisfactorily adjusted; of the remainder 18 are still receiving treatment and 2 have been transferred elsewhere.

Group play psychotherapy is usually restricted to children with ages ranging from 5-11, although occasionally a very immature child of 12 or even 13 may benefit from group play methods. The types of case that have proved most responsive to this treatment include the mildly neurotic, the timid and the over-aggressive child.

In a small group, where the number rarely exceeds 5, through play with specially selected material and with other children the timid child gains self-confidence; the over-aggressive child learns how to behave in a more socially-acceptable way; and the disturbed child can find emotionally satisfying outlets. How to get on with others is sometimes learnt for the first time.

The atmosphere in the group is one of free play, but freedom is not allowed to degenerate into uncontrolled behaviour, and due regard is paid to the protection of material. The therapist offers support and encouragement to those children who need it.

One advantage of the group method is that it prevents an individual child from becoming too much the centre of attraction while his particular problems are being dealt with.

It is not sufficient for the child alone to be treated. Attention is given both to environmental and educational conditions. While the children are in the play-room the parents discuss their difficulties with, and are advised by, the Social Worker. This advisory work makes a big contribution to the success of treatment; and we have found that, provided that the children are carefully selected, group treatment does achieve a large measure of success.

Liaison with Aymestry Court.

66. The liaison between the Child Guidance Centre and Aymestry Court has been continued. Not only do members of the staff visit the school, but many discharged boys from the school have been followed-up at the Centre, whilst several of the boys at the school attend the Centre for remedial teaching. The facilities at Aymestry Court for recreation and leisure occupations, particularly those of a robust nature, continue to be in need of extension.

67. We have continued to give lecture/demonstrations to students of the Departments of Education and Psychology of the University of Liverpool, and also to students from other teacher training colleges.

68. The amount of clerical work in a Centre such as this is considerable, and the increased work of the Centre has put a great load on the clerical staff which has always been conscientiously and painstakingly undertaken."

69. Some cases requiring Child Guidance Clinic treatment are referred to the Notre Dame Child Guidance Clinic, and during the year 18 cases were referred. The Director of the Notre Dame Child Guidance Clinic reports as follows:—

"In considering problems shown by patients, it is noticeable that these are more numerous and varied than those actually mentioned in the referral. For example, a child may be referred for pilfering, but on taking the history other problems are frequently disclosed. This is, of course, in no way surprising because it is extremely rare for a child's

maladjustment to be restricted to one symptom. It does, however, mean that statistics dealing with 'reason for referral' do not present an altogether complete picture.

During the past few years the number of 'adopted' and 'foster' children referred to the Clinic has steadily increased. In some cases the difficulties seem due rather to disappointment, ignorance and fear on the part of these 'parents' than to any real problem in the child. One of the commonest reasons for disappointment would appear to be the quaint belief that these children should show gratitude. However, with the improved methods of selection the possibility of maladjustment in the adoptive or foster parents should lessen.

Experience in the use of various play techniques has indicated most strongly the beneficial effects of some kind of creative activity. In order to explore and observe further on these lines we have, during the past twelve months, added to the facilities for treatment by the inclusion of two sessions of Occupational Therapy per week. This therapy, as practised in the Clinic, is a group treatment with individual treatments given within the group. In order to do this, it is necessary to limit the number of children treated at any one session, and with the present establishment of staff—one trained Occupational Therapist and two or three students—it is possible to treat six to ten children.

When undertaking this form of treatment, we have certain specific aims in view:—

To provide a work situation within which the child is assisted in social adaptation. The use of some form of occupation, and in this case craft work affords a liaison, makes it much easier for the therapist to make contact with the child.

To assist the child in regaining real self-confidence by the method of producing useful articles which are visual proofs of his ability, and which, both during production and after provide a legitimate excuse for obtaining praise and recognition.

The media mainly used at the clinic are wood, clay, cane and horn. All these materials are 'natural' materials appealing to the creative instincts present in all children and they are also materials which lend themselves to varying degrees of skill. The attitude of many of the less

co-operative children towards the work is often markedly improved after the production of the first project, which should always be something which is quick and fairly easy to execute.

Each child is given individual attention during his first attendance, this being necessary from the point of view of the child, and also giving the therapist opportunity to assess his capabilities. The amount of individual attention given at later sessions depends on the needs and progress of each child. The child is, whenever possible, encouraged to make his own choice of project, but there are many children unable or unwilling to take this responsibility, and it is then necessary to make sure that any suggested project, while making full use of his total abilities, does not overtax them. If this point is not considered the child may easily become bored and unco-operative, either because the project is too easy or because it is too difficult.

Most of the children who have attended for occupational therapy sessions have responded satisfactorily and it is clear that by these creative methods the child is assisted in relieving tension and in finding satisfaction for some of his basic needs."

70. The following history of a case referred for Child Guidance treatment shows the progress which can be made at a Child Guidance Centre when there is full co-operation on the part of the parents.

John "Y" was first brought to our notice in June 1951. One of the School Nurses visited the home and interviewed the mother, who stated that her son was quite unmanageable. At the age of $2\frac{1}{2}$ years he was said to throw himself on the floor and become rigid until quite exhausted. At 3 years he was admitted to a Hospital for observation but after a brief period the mother was asked to remove him as he refused to stay in bed and had climbed through the window on to the window-ledge. When he became of school age he was taken to school each day but ran away at playtime. He stole a bicycle and when tired of riding he took it to the police station and expressed the hope that if it was not claimed in six months it would become his property. He also stole money from his mother's purse.

The family doctor suggested that this was a case to be examined by a Psychiatrist and accordingly, the case was referred for investigation to the Committee's Child Guidance Centre.

The usual report was obtained from the school and this indicated that the boy's attendance was irregular; that he was in the "B" stream but was not considered backward in any subject; that his intelligence appeared to be average, but that he was not working to capacity; that he was sulky when reprimanded, domineering and aggressive towards other children and a bad loser at games. He was not co-operative.

On examination at the Centre the Educational Psychologist estimated the boy's Intelligence Quotient at 107 and considered that his reading and arithmetic were in keeping with his mental age, thus confirming the Teacher's report.

The Psychiatrist interviewed the father and obtained the impression that there was a good deal of interference in the control of the child, especially by the grandmother. The boy appeared to have discovered how to get his own way by means of tantrums and breath-holding as a baby and continued to re-act along these lines subsequently.

The Psychiatrist saw the father and mother together and advised them that it was absolutely essential for everyone to line up together in handling John and to get any differences of opinion over when the boy was not there.

Towards the end of September, 1951, the Psychiatrist found a link between the boy and an uncle and, therefore, interviewed the uncle and obtained his co-operation. One month later the mother reported to the Psychiatrist that the boy had already made considerable improvement and that she was delighted with his progress.

On the 5th January, 1952, the Psychiatrist reported that the boy had responded so well that the mother had no further complaints with regard to his behaviour, that his school report for the past term had stated that the boy's conduct and attendance had been very good and, therefore, the Psychiatrist did not consider that it was necessary for the boy to continue to attend the Centre. On the 17th January, a report was obtained from his Head Master who said that the boy's behaviour had improved and that he had been in no serious trouble recently and although his attitude to work was somewhat erratic, he was making genuine attempts to please and so develop a sense of pride in his work.

TUBERCULOSIS.

71. The Tuberculosis Department supplied reports upon 532 pupils referred by the school medical officers and from other sources.

Dr. J. A. Rushworth, the Assistant Senior Medical Officer (Tub.), supplied the following tabulated statistics relating to the number of notifications of cases of tuberculosis and deaths from that disease at five-year intervals since the year 1928, as well as the figures for 1952.

The table shows a continued rise in the incidence of the disease compared with 1948, and there were 17 deaths from non-respiratory tuberculosis as compared with 16.

TABLE V.
Tuberculosis (Notifications), School Children (5-15 Years).

		1952	1948	1943	1938	1933	1928
Males	Respiratory	78	36	34	59	126	215
	Non-Respiratory ...	19	33	59	55	135	122
Females	Respiratory	83	43	30	58	136	192
	Non-Respiratory ...	16	16	48	63	131	122
TOTAL		196	128	171	235	528	651

DEATHS.

		1952	1948	1943	1938	1933	1928
Males	Respiratory	—	2	4	3	10	12
	Non-Respiratory ...	14	9	10	5	17	19
Females	Respiratory	1	6	5	8	21	25
	Non-Respiratory ...	3	7	7	6	16	22
TOTAL		18	24	26	22	64	78

MISCELLANEOUS ITEMS.

(a) Infectious Diseases in Schools.

72. There were 4,096 cases of infectious diseases in school children reported to the Public Health Department during the year 1952, this being an increase of 12 cases as compared with the previous year, the increase being chiefly in cases of scarlet fever. The downward trend in the number of cases of diphtheria, previously referred to, still continues; 4 confirmed cases, as against 9 cases for the previous year, being reported.

It was not necessary to close any school or département on account of infectious disease during the year.

The arrangements made in previous years, for the inoculation against diphtheria of children attending the schools, were continued. Visits were paid to 88 schools, a total of 3,307 children being inoculated and 6,839 previously inoculated children received reinforcing injections. In addition, a number of children of school age were inoculated at the various immunisation clinics held throughout the City, while an increasing number of children are being inoculated by their own doctors.

The proportion of children aged 5-15 years inoculated at the end of 1952 was 81·2 per cent. The accompanying Table is of interest. It shows, for a succession of years, the number of cases of diphtheria and deaths therefrom in children of 5-15 years both amongst inoculated and non-inoculated children as well as the marked reduction in the incidence of cases of diphtheria. This reduced incidence, it will be noted, has been most marked since 1943 when the percentage of immunised children had progressed past the 50 per cent. figure.

TABLE VI
Diphtheria Immunisation in Liverpool.

CASES AND DEATHS IN INOCULATED AND NON-INOCULATED CHILDREN IN
LIVERPOOL AT AGES 5—15 YEARS.

Year.	No. of Cases.		No. of Deaths.		Total accumulation of inoculated children 5-15 at the end of the year.
	Non-inoculated.	Inoculated.	Non-inoculated.	Inoculated.	
1932	1,852	11	90	—	—
1933	1,658	20	85	1	—
1934	1,622	37	90	—	—
1935	1,526	51	75	3	—
1936	1,218	51	76	1	—
1937	1,382	75	76	2	—
1938	1,270	83	68	2	—
1939	763	53	44	—	—
1940	1,107	49	61	—	—
1941	1,513	74	89	1	51,625
1942	1,328	87	53	—	64,582
1943	623	52	11	—	79,578
1944	375	37	12	1	80,951
1945	358	53	12	—	84,031
1946	241	28	5	—	89,600
1947	167	22	3	1	92,481
1948	123	6	2	—	97,193
1949	51	2	—	—	98,751
1950	22	1	1	—	100,905
1951	9	—	—	—	100,865
1952	3	1	1	—	101,180

(b) Employment of Pupils.

73. During the year a total of 3,109 children were engaged in part-time employment. The school medical officers examined 1,586 children as to their fitness to undertake work and in 8 cases the undertaking of this part-time work was not recommended on medical grounds. Legal proceedings in respect of illegal employment of school children and contravention of the Bye-laws were taken in 12 cases.

Street Trading by persons under the age of 18 is now prohibited in Liverpool by Bye-laws which came into operation in April, 1948. Legal proceedings in respect of illegal street trading were taken in 16 cases.

The Officers of the School Attendance and Welfare Department continue to supervise all children who take part or are employed in entertainments. During the year, 141 licences were granted. In all cases the children were examined by the school medical officers to ascertain if the employment would be prejudicial to their health and education.

(c) Children and Young Persons Act.

74. In accordance with the provisions of the Children and Young Persons Act, 1933, medical reports for the information of the Magistrates in the Juvenile Courts at Liverpool and elsewhere were submitted in 2,274 cases.

The Magistrates asked for special medical examinations to be carried out by the Education Authority in 68 cases for the following reasons:—

Ascertainment of Mental Ability	...	...	...	...	...	41
Maladjustment	...	...	...	...	...	23
Other	...	...	...	...	...	4
						<hr/> 68 <hr/>

(d) School Premises.

75. The City Engineer and Surveyor reports the following alterations and improvements which were carried out on school premises:—

Sanitary Improvements	...	...	...	...	...	31 schools
Playground repairs	...	...	...	...	...	16 „
Improvements and repairs to heating installations, etc.	...	...	...	...	...	13 „
New heating boilers	...	...	...	...	...	14 „
Electrical Installations	...	...	...	...	...	9 „
Miscellaneous improvements, e.g., classrooms, cloakrooms, windows, floor coverings, etc.	...	...	...	...	...	29

The City Architect also reports that work has been completed on the modernisation of the sanitary accommodation at the following schools: Beaufort Street, Fonthill Road, Northcote Road and Rathbone.

NURSERY SCHOOLS AND CLASSES.

76. The demand for accommodation for children in nursery schools and nursery classes is being steadily maintained. Unfortunately, this demand cannot be met. The pressure on accommodation for children of statutory age has become so acute that it was necessary in July, 1952, for the Education Committee to close the nursery classes in the following schools: Banks Road (one class), Dovecot (Winstone Road), Lidderdale Road, Maidford Road, St. Augustine's R.C. and St. Philomena's R.C.

In December, the nursery class at Harrison Jones County Primary School had to be closed. This was one of the pioneer nursery classes in the City.

There are now twenty-five classes in seventeen schools, catering for some 747 children between the ages of three and five years.

The seven nursery schools, catering for 480 children between the ages of two and five years old have long waiting lists, with a continuous demand daily from parents for admissions.

There are thirty qualified teachers and nine wardens in charge of classes in nursery schools and nursery classes.

77. The demand for training as nursery assistants from girls leaving secondary grammar and secondary modern schools is steadily maintained. Some of the students proceed to teachers' training colleges, some to hospitals, and some remain in the service. At present there are thirty-two students taking the National Nursery Certificate course, and thirteen girls have successfully completed the course during the year. This two-year course provides for training, both practical and academic, for work with children up to five years of age.

78. The co-operation between the School Health Department and the staffs of the nursery schools and classes is maintained at a high level.

This co-operation is appreciated by teachers and parents alike, since the pooling of the resources of the medical and educational services proves of infinite value to the all-round development of the children, particularly during the formative years between two and five.

79. The meetings of the Mothers' Clubs and the constant daily contact with a large percentage of the mothers provide for the children a sound relationship between the school and the home. This section of the work in nursery schools is a very important feature of the life of the school. The mothers benefit as much as the children since some of the mistakes made in parental control are due to lack of knowledge and experience. Contact with people trained in the all-round development of the children proves most valuable to the parents.

80. During the year, 7 nursery schools and 25 nursery classes in 17 Infants' Schools were inspected from time to time by the school medical officers, who carried out a periodic medical inspection of 921 of the children attending these schools and classes during the year. Of the children so examined 593 were found to be vaccinated, while 328 children showed no evidence of vaccination. 382 children were found to have been immunised.

The General Condition of these children was assessed as follows:—

Pupils Inspected.	General Condition.		
	Good.	Fair.	Poor.
921	442	475	4

The school medical officers also carried out 211 re-inspection examinations of pupils found to have defects. In addition, 69 special examinations were made of children brought forward by the Teachers-in-Charge.

All the Committee's schemes of treatment are available for nursery school children.

The defects found at all the inspections are shown in Table VII.

HANDICAPPED PUPILS.

Blind Pupils.

81. Liverpool blind children are accommodated in various schools, as shown in the Table below, since no Special School is maintained by the Authority:—

Wavertree School for the Blind	...	...	...	...	4
St. Vincent's R.C., School for the Blind, West Derby	...				4
Sunshine Homes	...	...	...	...	3
Henshaw's School for the Blind, Manchester	...				6
Worcester College	...	...	...	...	1
Condoover Hall Blind Special School	...				3
Chorleywood College	...	...	...	...	2
					<hr/> 23 <hr/>

Partially Sighted.

82. During this year classes for the partially sighted which were formerly held at St. Annes School, Christian Street, Underlea Day Open-Air School and Fazakerley Day Open-Air School, were combined at the Wellesbourne Road School, the number on roll at the end of the year being 59.

Dr. Black, one of the Committee's Oculists, who supervises these pupils, has reported as follows:—

“There has been a notable advance in the tuition of these handicapped children. Just before the end of the term in December, the three separate classes of partially-sighted children were gathered together into one Partially-Sighted School, in Wellesbourne Road School, Norris Green. When the classes were separate the greatest difficulty was the wide age range, which meant that children from five years to sixteen years were in the one class. The new school gives an opportunity to arrange the pupils in their proper age groups. The new term will start with four classes and it is hoped shortly to have a fifth class as well. Another great advantage of the Partially-Sighted School will be that all those children who have been on the waiting list—some for a considerable time—can now be admitted. It also means that the special equipment formerly scattered between the three classes will now be available for the whole school. The new school occupies a set of buildings jointly with an ordinary school but the lighting in the Partially-Sighted

Section has been specially improved. It is hoped to engender a healthy spirit of rivalry and competition both in scholastic subjects and in sport between the two sections, since the aim of all those concerned with the education of partially-sighted children is to fit them to take their place as far as possible in the ordinary world."

Deaf and Partially Deaf.

83. At the end of the year 1952 there were 149 deaf pupils and 42 partially deaf pupils attending Crown Street School for the Deaf, of whom 119 deaf and 36 partially deaf were Liverpool children. There were also 9 deaf children attending voluntary schools for the deaf.

The number of children awaiting admission to the School for the Deaf was 10.

Mr. Newport, the Headmaster of the School for the Deaf, reports:—

"During the year, the school has continued to make progress in many respects.

The new nursery section, which is self-contained for heating, toilets and kitchen, was brought into use at Easter. It is a cheerful and well-equipped place, and the children of 3 and 4 years old who use it seem to be very happy. It has a hearing aid attached to a table with mirror, so that aural instruction may begin in the very early years. Even children with small islands of hearing can benefit from such training.

More table hearing aids have been acquired for use in the school and they are doing good service. Three more classrooms have been treated acoustically with sound-absorbing tiles, and as a result, hearing aids may be worn with greater comfort.

Children who can benefit from the use of the 'Medresco' individual aid, are being examined by the School Doctor and Aural Specialist, and recommended to the deafness clinic, where they are fitted out with the type of aid most suited to them. The aids are serviced when necessary by the visiting technician from the clinic.

Two more totally deaf girls, deaf from birth, have taken successfully a course at the Sumlock School, and are now employed as comptometer operators at the English Electric Company.

A course of training for pre-school age deaf children and their mothers, is in operation at the school. These young children with their mothers attend every week for a private session with a fully qualified teacher of the deaf. The young child is taught the beginnings of speech and lip-reading, and the mother receives very valuable help in understanding and training a young deaf child.

In the school annexe in Melville Place, the classes for instruction in lip-reading, continue to be held for slightly deaf children who attend ordinary schools. These children are not severely deaf and with the help of lip-reading, a favourable position in the classroom, and an understanding and considerate teacher, are able to continue their education at a school for hearing children.

In the Residential Hostel, where live 60 of the children on the school roll, games of all kinds are flourishing. The boys have joined the Schools Chess League, and have a Junior and a Senior team. Up to the end of term both teams have maintained an unbeaten record. Several boys have entered for the individual championship. It is a good thing for our deaf children to meet with hearing children, both at home and away. The visiting teams usually stay to play other games and mix freely and happily in various activities."

Epileptic Pupils.

84. The Committee has no residential school for epileptic pupils. The 33 epileptic pupils at the end of the year were placed as follows:—

Maghull Home for Epileptics	5
Colthurst School for Epileptics...	10
Other types of Special Schools...	12
Awaiting admission to Epileptic Schools	5
Recommended for home teaching	1
	<hr/>
	33
	<hr/>

Delicate Pupils.

85. The number of delicate pupils on the rolls of each of the three day open-air schools at the end of the year was as follows:—

Fazakerley Open-Air School	252
Underlea Open-Air School	179
Margaret Beavan Open-Air School	31

86. Miss A. Tunncliffe, the Head Mistress of the Fazakerley Open-Air School reports:—

“Of the 108 children who left the school during the year 59 were decertified to return to ordinary school.

The number of children who have been decertified during the year testifies to the improved health of the children. Moreover, consultation with parents leads us to the conclusion that considerable benefits both mental and physical are derived from attendance at an Open-Air School.

Following the removal of the partially-sighted classes one of the classrooms vacated is to be equipped as a Domestic Science Centre.

It was suggested in the last report that many of the children would benefit from physical education suited to their needs. Miss Gee, the Committee's Adviser in Physical Education, on the 23rd October, 1952, gave the first of a series of lessons to one of the classes demonstrating the new approach to physical education, as indicated in the Ministry of Education's publication 'Moving and Growing'. The initial impetus comes from the child and if there is no external competitive stimulus he will not overtax his strength and the movements can be adapted to the needs of children with varying disabilities. Dr. Simpson, and at a later stage Dr. Brown, saw one of Miss Gee's lessons in progress and approved of the work. The beginnings of a graded course are being established in the Infant-Junior School and it is hoped to develop the ideas to the needs of senior girls and boys.

Mr. Davies, the Handicraft teacher, has arranged a course in Home-craft for a group of girls, and a group of boys is taking a short course in Domestic Science. The results of this experiment will be reviewed at the end of the present term.

The effects of more rest and a regular routine were apparent in the Fazakerley boys and girls who spent one week at Colomendy Camp School in May last year. The most obvious result was their increased vitality.

Two successful Old Scholars' Reunions were held in January and September, followed in each case by an After-Care Committee meeting.

It was decided at the September meeting that the most difficult and crucial time for the boys and girls taking up employment is the first year after leaving the sheltered life of the school. We planned, therefore, to keep in contact with all these children, whether handicapped or not, for one year after leaving school. We would then reconsider each case and decide whether further after-care was necessary."

87. Miss G. M. Robertson, the Head Mistress of Underlea Special School reports:—

"This has been a very difficult year for the school because of the disastrous fire on the morning of April 30th, when the Dining Room was completely gutted and the Domestic Science Room rendered useless.

Two of our children had been successful in the Scholarship Examination, of whom one had been with us since Baby-class days.

The small Girl Guide group continues to flourish under their Captain, Miss Wolfe, who has done this work faithfully for some years. We are much indebted to her.

Students from Barkhill Physical Training College continue to help with remedial exercises and there is considerable improvement in most cases.

Modern opinion is that asthma is linked up with psychological upset and our experience of the difficulty in handling these cases would support this view."

Physically Handicapped—(Day Schools).

88. At the end of the year, 165 children were in Hospital Schools, 142 at Alder Hey Hospital and 23 at Olive Mount Hospital. The physically handicapped pupils in attendance at day special schools numbered 240 at the year's end, and these pupils were placed as follows:—

Margaret Beavan	...	...	...	...	117
Dingle Lane	...	...	...	...	123
					<hr/>
					240
					<hr/>

89. Mr. O. Roberts, the Head Master of the Margaret Beavan Open-Air School, reports:—

“The health of the children during the year generally was good, but an outbreak of chicken-pox during February and March affected attendance. Influenza in March reduced attendances to 60 per cent. Attendances during the summer months were very satisfactory, reaching 88·4 per cent. in June.

January 5th was the 21st anniversary of the opening of the school, but celebrations were deferred until 26th June, when the children presented in dramatic form outstanding events of the past twenty-one years as they affected the life of the school.

A disastrous fire in April destroyed two classrooms and their contents. The girls' rest room was adapted to meet the needs of the moment and now forms a complete infants' department.

At the Rushworth Music Festival in May, the school choir was awarded 1st prize in competition with choirs from ordinary schools.

The housewifery centre was opened in August and now all senior girls attend a three-year course of instruction. Senior boys also attend a course of twelve months' duration.

Twenty-three children, escorted by six members of the staff, including the school nurse, spent a week's holiday in July at Tyndwr Youth Hostel, Llangollen. Two children who spent most of the time in wheeled invalid chairs, enjoyed the holiday as much as others whose movements were not restricted.

The boys enjoyed a successful football season. In friendly games played against ordinary schools in the district, the boys won six—lost one. These games, played in a very sporting spirit, exercise a strong influence in developing a normal attitude to life. The boys have greater success in a team game like football where an active boy can cover another, than in a more individual game like cricket. Cricket matches were played and the boys were satisfied in winning two games. Swimming is very popular and three distance and six beginner's certificates were gained.

Fifty juniors and infants were invited to a Christmas Party at Queen Mary High School. This is an annual event organised by the Prefects of the School.

The old scholars' party was held 23rd January, 1952, and forty-five boys and girls attended. I wish to pay tribute to the After-Care Committee which continues to serve the interests of the boys and girls so zealously."

90. Miss K. M. Lewendon, the Head Mistress of the Dingle Lane Special School, reports:—

"During 1952 an interesting experiment in Physical Education was begun with the senior boys. A scheme of graduated exercises and games was introduced, the general aim being so to devise them that the great majority of the children could participate. Gradually the work has been extended to include some Senior girls and some of the Juniors. Progress has been carefully watched and it is gratifying to see that some children who, for example, at the beginning would not attempt to use what they call a 'bad' hand, are now doing so with increasing confidence and success. The children enjoy these lessons and ask for more. They now regard a 'bad' hand as merely a lazy one. We are thinking out a series of progressive stages which we hope will improve the posture and physical well-being of the children, give them pleasure, and help them to feel more like their more fortunate brothers and sisters who play normal games.

There has been a close liaison with the Physiotherapy Department of the Greenbank School of Rest and Recovery during the year and the Cerebral Palsy cases have derived great benefit from the regular attention.

The boys and girls who left during the year to take up employment were very fortunate in obtaining suitable jobs—several of them doing so in competition with children from Secondary Modern Schools."

Physically Handicapped—(Residential Schools).

91. The Abbots Lea Boarding School for Boys and Girls which had opened at the end of 1951 was in operation throughout the year. The cases treated there were predominantly ones of asthma, chronic bronchitis and heart disease. The regime of the school has been such that these children have all progressed in a most satisfactory manner, most of the asthmatics being entirely free from attacks whilst at the school. 71 children were de-certified during the year and recommended for return to ordinary school.

92. Miss E. Gregson, the Head Mistress of the Abbots Lea School, in her report states:—

“During the year many additions have been made to the equipment of both houses and school—games and occupations have been provided by the Education Committee and by interested friends, and an outside playroom has been equipped with an efficient heater, thus filling a great need. The gardens and grounds are rapidly being tidied up with outside help from local Rovers and Rangers. A sand pit has been made by the Senior Boys for the use of the Infant group, and Guides, Brownies, and Cubs meet weekly in the school.”

93. The Children's Rest School of Recovery, Greenbank Lane, has 45 places, 27 of which are devoted to general physical handicap which includes a group suffering from coeliac disease who are progressing very well on the new gluten-free diet.

Recently, valuable steps have been taken in the direction of providing these children with outside interests and increased recreational facilities in the school. From a psychological point of view these innovations should prove very helpful in broadening the outlook of the children and preparing them for taking their place in the world on leaving school.

The remaining 18 places in this School were set aside for children suffering from cerebral palsy and these children continue to make slow but steady progress.

In addition to the treatment of these resident children the two Physiotherapists devote two sessions a week to the treatment of a group of pre-school children suffering from cerebral palsy. It is felt that this is a most valuable part of the activities of the Spastic Unit and there is little doubt that much deformity can be avoided if treatment is instituted at the earliest possible moment.

The various hospitals are co-operating well in bringing these cases to our notice as soon as a diagnosis is made.

Pupils Suffering from Cerebral Palsy.

94. In addition to the 18 cases of cerebral palsy resident at Greenbank and the 17 pre-school children attending as out-patients at that

school, there are 134 cases of cerebral palsy in Liverpool among children between the ages of 2 and 16, as follows:—

Attending Ordinary School	...	...	...	...	...	...	...	59
In other Special Schools :—								
Educationally subnormal	...	...	...	...	...	...	...	10
Physically handicapped	...	...	...	...	...	...	...	38
Not Attending School :—								
Awaiting day school for physically handicapped	...	...	...	...	...	...	...	14
Awaiting school for educationally subnormal	...	...	...	...	...	...	...	3
Recommended for notification to the Local Mental Deficiency Acts Authority under :—								
(a) for supervision 57(5)	...	...	...	...	...	...	...	2
(b) as ineducable 57(3)	...	...	...	...	...	...	...	8

95. The accompanying return shows the results of the examinations made by the approved medical officers of children referred with various physical handicaps:—

Delicate and Physically Handicapped Pupils.

Recommended for day open-air school	...	...	...	...	...	...	...	227
Recommended for residential open-air school	...	...	...	...	...	...	...	99
Recommended for day special school for physically handicapped pupils	...	...	...	...	...	...	...	60
Recommended for boarding special school for physically handicapped pupils	...	...	...	...	...	...	...	17
Unfit for any school	...	...	...	...	...	...	...	12
Recommended for home teaching	...	...	...	...	...	...	...	14
Decision postponed	...	...	...	...	...	...	...	17
Referred to hospital	...	...	...	...	...	...	...	1
Remain in ordinary school	...	...	...	...	...	...	...	151

Epileptic Pupils.

Recommended for boarding special school for epileptics	10
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Educationally Sub-Normal Pupils.

96. The Authority has four boarding schools for educationally sub-normal pupils (two schools for boys and two for girls) with accommodation as follows:—

Crookhey Hall, near Lancaster, for Senior Boys	...	...	...	...	...	...	72
Hightown School, Hightown, for Boys	...	...	...	...	...	...	60
Knotty Ash, for Girls	...	...	...	...	...	...	40
Oakfield, Gateacre, for Girls	...	...	...	...	...	...	30

The Authority also maintained 6 educationally sub-normal pupils at other boarding schools, 4 at Pontville Roman Catholic Special School, and 2 at Allerton Priory Roman Catholic Special School.

There are seven day special schools for educationally sub-normal pupils with accommodation for 800 pupils. The schools are Queensland Street, Northumberland Street, Richmond, Kilrea Road, Clubmoor (Abingdon Road and Higher Lane Extension), Stoneycroft, and Monksdown Road.

97. Miss Travis, the Head Mistress of Crookhey Hall School, writes:—

“During the past twelve months a satisfactory high standard of health and steady educational progress has been maintained.

It is interesting to watch the development of the boys who were admitted to the School undersized, underfed, and very nervy. The systematic routine inspection of body and mind, made each term by the School Medical Officer, and the helpful discussion with the Head Teacher, have obviously borne fruit. Regular visits are paid to the dentist, optician, and orthopaedic clinic in Lancaster.

The School Army Cadet Unit was awarded the Silver Cup for the second year in succession, when competing with over a hundred cadets of Western Command at the Walney Island Camp in August. Cadets also won medals in the County Boxing Competitions at Preston, Liverpool and Manchester. One Cadet was the runner-up in the All-England Finals at Birmingham.

Eager to have some form of youth activity for the younger boys we approached the Assistant District Commissioner of the Boy Scout Movement. Twenty-three young Cubs cheered loudly when the postman appeared with caps, jerseys and scarves.

It must not be thought that the educational work of the School suffers on account of the numerous social activities. On the contrary, good health and happiness plus full-time attendance in class and an interested teacher, are surely the answer to the visitor who remarks, ‘These boys do not look sub-normal’. During the year five boys were de-ascertained, and in every individual case there is steady progress; approximately 85 per cent. of the boys are now receiving manual instruction in wood work, boot repairing and gardening.

It is heartening to feel that the parents of the boys co-operate so well. The Head Teacher is able to meet them three times in the year, apart from the individual visits to Crookhey.

It is also gratifying to see the old boys so well placed. It must be remembered that the capable labourer is as much a necessary unit to the Community as is the scholar and intellectual, and one feels that if such children can be encouraged to give of their best then 'education' for them is not a wasted or expensive item, nor are they a burden on their more fortunate fellow-men."

98. The results of the examinations made by the Approved Officers of children referred for ascertainment as being educationally sub-normal pupils are as follows:—

Recommended for day special school	...	...	...	...	...	...	309
Recommended for boarding special school	...	...	...	...	...	...	56
Recommended for special educational treatment in ordinary school	...	...	...	...	...	...	170
Examined and recommended to remain at ordinary school	...	...	...	...	...	...	44
Decision deferred	...	...	...	...	...	...	44
Referred to Child Guidance Clinic	...	...	...	...	...	...	53
Recommended for admission to boarding special school for maladjusted pupils..	...	...	...	...	...	...	6
Recommended for notification to the Local Mental Deficiency Acts Authority:—							
(a) for supervision 57(5)...	...	...	...	...	...	...	68
(b) as ineducable 57(3)...	...	...	...	...	...	...	71
(c) as inexpedient 57(4)...	...	...	...	...	...	...	1

Maladjusted Pupils.

99. There were 26 boys in the Aymestry Court Residential School for Maladjusted Boys and, of these, 8 boys were from the areas of other Education Authorities.

Mr. W. J. Carman, the Head Master of the School, reports:—

"The general lines of treatment of the boys admitted have followed those of previous years. The first essential is that they should be happy here and accept the school. In the light of the behaviour of many of our boys prior to admission, it is surprising how readily they do settle down and it is rarely that any trouble is experienced in this respect.

Disciplinary problems in the main are very few and it has been found that the boys readily accept the reasonable code of conduct which is

expected of them. Difficult behaviour when it does occur must be regarded objectively, and it is our aim to try to make the individual realise, irrespective of any specific punishment which may, or may not, accrue, that unsocial behaviour always affects character and brings its own retribution.

The House or Dormitory System, with a weekly competition based on points awarded for conduct and work, is very popular with the boys and proves of great value. Considerable care is taken in the grouping of the boys in their dormitories and as far as possible, each boy's wishes and friendships are taken into account.

Most boys upon admission are very retarded in the basic subjects and many of them have a marked antipathy to school work. The individual attention which it is possible to give each boy helps considerably to overcome this attitude besides being very necessary in dealing with the wide age range and standards of attainment which exist in both classes. Diagnostic testing and remedial teaching undertaken by Mr. Chazan, Educational Psychologist, on his weekly visits to the school have proved of great value. Not only does the removal of some early stumbling block enable rapid progress to be made in English and Arithmetic—in some cases as much as 3 years' progress in 12 months—but boys gain considerably in emotional stability from the increased confidence, interest and sense of achievement which they acquire.

The health of the boys has been excellent throughout the year, and it is noticeable that in practically all cases there is a marked increase in weight and vitality, no doubt due to adequate sleep, plenty of exercise and fresh air, and regular meals. During the whole of the year a total of only 74 half-days absences were recorded in the registers owing to sickness, and almost the whole of these occurred during one week in the Spring when the outbreak of an epidemic was suspected and a number of boys were kept in bed as a precautionary measure.

Since the school opened in October 1948, a total of 81 boys have been admitted, 22 being from other Authorities. Over 50 of these have left and it is very pleasing to record that the majority of our old boys maintain contact with the school. Those who live in Liverpool frequently visit us and it was at the instigation of two of the older of these boys that an Old Boys' Association was started towards the end

of the year. Twenty boys attended the first meeting and letters were received from a number of others in distant parts of the country. One boy from London proudly sent his School Report showing him to be third in his class and successful in qualifying for transfer to a Grammar School. Another boy from Newport sent a newspaper cutting reporting his honesty in returning to the owner a purse which he had found containing over £2. One boy who attended the meeting had travelled by cycle and train from the farm in Shropshire where he is now very happily working."

Home Teaching.

100. There is a number of pupils so physically handicapped that they are unable to attend any kind of school and for these children 3 home teachers are employed. At present they are teaching some 27 children, the majority of whom have one session of individual instruction each week. Where the parents are co-operative they are advised in the best method of carrying on the instruction between the visits of the teacher. In addition to formal teaching of reading and number every effort is made to introduce into the child's life the experience which he misses by not attending an ordinary school. Much of the work is of a practical nature which makes it simpler for the parents to continue instruction. The results of the work of these three teachers are most encouraging.

In addition to the above duties two of the peripatetic teachers are engaged at the Child Guidance Centre where children who are referred as backward in basic subjects, but who prove to be of average or above average intelligence, are given remedial coaching.

Speech Therapy.

101. Mr. W. G. Good, who joined the Staff as Senior Speech Therapist during 1951, has now completed a year's work in which he has organised the Speech Therapy Section. Miss A. M. Keir took up her duties in August, 1952 as Assistant Speech Therapist.

Besides the speech clinic at Christian Street, three new clinics at the Walton, Dovecot and Garston school clinics have been established. This arrangement means the children have much shorter distances to travel with consequent saving of school time.

This staff is not sufficient to deal with all cases of speech defect referred for treatment. The Senior Speech Therapist sees all cases and

carefully selects those who, in his opinion, will benefit most from the amount of treatment which can be given.

The 171 cases dealt with during the year were classified as follows:—

	Boys.	Girls.	Total.
Stammering	84	23	107
Dyslalic	35	18	53
Cleft-Palate	2	4	6
Hyper/Hypo Rhinolalic ...	3	2	5
TOTALS	124	47	171

83 new cases were admitted to the clinic last year and during the year it was found possible to discharge a total of 47 cases. Of these, 17 were discharged as having very much improved, 8 on attaining the school leaving age, 5 because of parents leaving the City and a further 17 because of failure to benefit through lack of parental co-operation or limitation of intelligence on the part of the children concerned.

As will be seen from the above table, stammering is the most frequent speech defect to be dealt with at the clinics. In his report in discussing stammering Mr. Good states:—"Stammering may be defined as a disorder of communicative speech arising from shock, accident or any form of insecurity at an early age when hesitancy, repetition or prolongation of sounds is very common. In some cases there is a constitutional predisposition and other members of the family stammer.

In its initial stage the child is not conscious of the symptom, but inevitably the child's attention is drawn to it by parents, teachers or friends. Once conscious of the defect the child tends to endeavour to suppress the symptom, only to make it worse. At this stage breathing difficulties become apparent and the stammer becomes characterised by tense 'blocks' in the speech accompanied by bodily struggles.

Thus impatience, anxiety, mistaken attempts at correction and emotional disturbances in the environment are frequently responsible for the persistence of stammering. Slowly the anxiety in speaking situations grows, often culminating in a belief that fluent speech is impossible for the stammerer.

Treatment to counteract these anxieties is essentially lengthy, and co-operation of teachers and parents is necessary if beneficial results are to be realised. 58 home and school visits were carried out during

the year, and were invaluable in giving the therapists a clearer picture of the children's problems."

Medical and Dental Arrangements.

102. The routine medical examinations and the general medical care of the special schools outside Liverpool are carried out by local medical practitioners, whilst both specialist and dental treatment are provided either under the Local Authorities' arrangements, or, in a few instances, by special arrangements made in the areas.

All the medical and dental facilities of the School Health Service are available for the special school children.

Medical treatment under the Authority's schemes was carried out as follows:—

Defective Vision	...	...	...	...	...	...	...	232
Tonsils and Adenoids	...	...	...	...	...	...	...	10
Aural conditions	...	...	...	...	...	...	...	40

whilst children suffering from minor ailments were treated at the schools.

103. The following table shows the work carried out by the dental staff of the School Health Service at the Special and Approved Schools:—

TABLE VIII.

	Special Schools.	* Approved Schools.
Number of inspection sessions	6	4
Number of treatment sessions	8	12
Total number of sessions	14	16
Number of children inspected	604	233
Number of children requiring treatment	375 (62·1%)	87 (49·4%)
Number of children treated	243	87
Number of attendances made for treatment	244	87
Number of teeth extracted	413	73
Number of teeth filled	14	41
Number of other operations	9	14
Number of administrations of general anaesthetics	229	52

* On behalf of the Children's Committee.

EMPLOYMENT OF HANDICAPPED PUPILS.

104. The following is extracted from the Report of the Youth Employment Service for the year 1952:—

“This work is carried out in a Section of the Youth Employment Bureau devoted solely to the needs of boys and girls who have attended Special Schools and of any other children who are found to be physically or mentally handicapped.

During the period under review, no fewer than 710 handicapped young people (394 boys and 316 girls) have been given help and advice through this special Section. These boys and girls, of whom 436 had attended Special Schools, were handicapped in many different ways and with varying degrees of severity.

The Vocational Guidance Officer must always try to visualise both the child and the employment opening as they will be several years hence. A child who may be capable of the duties required of him in a type of employment at the learner stage, may not in fact have the physique or mental qualities to progress in the way that he would be expected to do on reaching more mature years. In that event it is far better he should be guided into some employment, even of a less skilled type, in which he will be able to mount the successive rungs of the ladder to enable him to remain as an adult employee. During the period under review 578 handicapped young people (319 boys and 259 girls) have been placed in carefully selected employment, some in vacancies which had been notified to the Bureau in the usual way, but many also in openings which had been obtained for them by personal calls upon employers. The premises of 144 employers were visited in order to obtain employment for individual handicapped children, to ascertain the suitability of the work, or to discuss any problem which may have arisen in connection with the employment of a particular boy or girl.”

Anders B. Semple

*Medical Officer to the
Education Authority.*

Appendix A.

MINISTRY OF EDUCATION.

**MEDICAL INSPECTION RETURNS,
YEAR ENDED 31st DECEMBER, 1952.**

TABLE I.

**MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING SPECIAL SCHOOLS).**

A.—PERIODIC MEDICAL INSPECTIONS.

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS :—

Entrants	...	...	...	...	...	...	...	...	14,624
Second Age Group	...	...	...	...	...	...	...	...	9,723
Third Age Group	...	...	...	...	...	...	...	...	10,975
TOTAL									35,322

NUMBER OF OTHER PERIODIC INSPECTIONS ...	...	...	...	...	9,358
GRAND TOTAL					44,680

B.—OTHER INSPECTIONS.

NUMBER OF SPECIAL INSPECTIONS	...	...	...	...	...	...	46,161
NUMBER OF RE-INSPECTIONS	...	...	...	...	...	...	67,377
							<hr/>
TOTAL					...	...	113,538

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment
(excluding Dental Diseases and Infestation with Vermin).

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual Pupils. (4)
ENTRANTS	448	1,725	2,130
SECOND AGE GROUP	1,161	1,012	2,070
THIRD AGE GROUP	1,576	770	2,188
TOTAL (PRESCRIBED GROUPS) ...	3,185	3,507	6,388
OTHER PERIODIC INSPECTIONS ...	595	924	1,472
GRAND TOTAL	3,780	4,431	7,860

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December 1952.

Defect Code No.	DEFECT OR DISEASE. (1)	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		Number of Defects.		Number of Defects.	
		Requiring Treat- ment. (2)	Requiring to be kept under observa- tion, but not requiring Treat- ment. (3)	Requiring Treat- ment. (4)	Requiring to be kept under observa- tion, but not requiring Treat- ment. (5)
4	Skin	245	511	2,390	13
5	Eyes—(a) Vision	3,780	1,515	1,643	204
	(b) Squint	1,506	334	414	17
	(c) Other	96	162	3,469	10
6	Ears—(a) Hearing	133	222	26	26
	(b) Otitis Media	156	502	798	27
	(c) Other	62	288	1,941	29
7	Nose or Throat	961	2,860	114	92
8	Speech	127	325	42	45
9	Cervical Glands	9	347	—	17
10	Heart and Circulation	78	1,173	93	67
11	Lungs	228	2,227	14	89
12	Developmental—(a) Hernia	32	110	1	6
	(b) Other	17	142	2	9
13	Orthopaedic—(a) Posture	134	527	5	19
	(b) Flat Foot	535	813	16	13
	(c) Other	110	341	6	16
14	Nervous System—(a) Epilepsy	10	68	1	—
	(b) Other	13	116	1	9
15	Psychological—				
	(a) Development	261	371	134	55
	(b) Stability	41	138	4	7
16	Other	251	1,484	24,558	90

**B.—Classification of the General Condition of Pupils Inspected during the Year in
the Age Groups.**

Age Groups. (1)	Number of Pupils In- spected. (2)	A. (Good).		B. (Fair).		C. (Poor).	
		No. (3)	% of col. 2 (4)	No. (5)	% of col. 2 (6)	No. (7)	% of col. 2 (8)
Entrants	14,624	4,647	31·8	9,654	66·0	323	2·2
Second Age Group...	9,723	2,897	29·8	6,625	68·1	201	2·1
Third Age Group ...	10,975	3,683	33·6	7,144	65·1	148	1·3
Other Periodic Inspections	9,358	2,458	26·3	6,669	71·2	231	2·5
TOTAL ...	44,680	13,685	30·7	30,092	67·3	903	2·0

TABLE III.

Infestation with Vermin.

(1) Total number of examinations in the schools by the school nurses or other authorized persons	382,014
(2) Total number of individual pupils found to be infested	19,753
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	1,983
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)... ..	217

TABLE IV.
TREATMENT TABLES.

Group I.—Diseases of the Skin (excluding uncleanness, for which see Table III).

	Number of cases treated or under treatment during the year	
	by the Authority	otherwise
Ringworm—(i) Scalp	—	71
(ii) Body	92	—
Scabies	54	—
Impetigo	1,273	—
Other skin diseases	900	4
TOTAL	2,319	75

Group II.—Eye Diseases, Defective Vision and Squint.

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	3,456	28
Errors of Refraction (including squint)	11,542*	124
TOTAL	14,998	152
Number of pupils for whom spectacles were—		
(a) Prescribed at School Clinics	7,605*	—
(b) Obtained... ..	Not known	—

Group III.—Diseases and Defects of Ear, Nose and Throat.

	Number of cases treated	
	by the Authority	otherwise
Received Operative Treatment—		
(a) for diseases of the Ear	39	100
(b) for Adenoids and Chronic Tonsillitis	—	475
(c) for other Nose and Throat conditions	—	105
Received other forms of treatment	3,770	—
TOTAL	3,809	680

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

Group IV.—Orthopaedic and Postural Defects.

(a) Number treated as In-patients in hospitals ...	756	
(b) Number treated otherwise, e.g., in clinics or Out-patient departments	By the Authority	Otherwise
	3,200	6

Group V.—Child Guidance Treatment.

Number of pupils treated at Child Guidance Clinics ...	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
	237	105

Group VI.—Speech Therapy.

Number of pupils treated by Speech Therapists ...	Number of cases treated	
	By the Authority	Otherwise
	171	250

Group VII.—Other Treatment Given.

(a) Miscellaneous minor ailments	Number of cases treated	
	By the Authority	Otherwise
	24,540	848
(b) Other than (a) above (specify)		
1. Heart, including rheumatism and chorea ...	148	266
2. All surgical conditions excluding Tuberculosis	—	546
3. Chest conditions excluding Tuberculosis ...	—	217
4. Tuberculosis, chest and "surgical" ...	—	60
5. Nervous condition	—	19
TOTAL	24,688	1,956

TABLE V.

Dental Inspection and Treatment carried out by the Authority.

(1) Number of pupils inspected by the Authority's Dental Officers :—									
(a) Periodic	57,493
(b) Specials	4,808
								TOTAL (1)	62,301
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(2) Number found to require treatment	40,808
(3) Number referred for treatment	40,808
(4) Number actually treated	22,745
(5) Attendances made by pupils for treatment	29,365
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(6) Half-days devoted to : Inspection	388
Treatment	3,480
								TOTAL (6)	3,868
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(7) Fillings : Permanent Teeth	5,389
Temporary Teeth	—
								TOTAL (7)	5,389
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(8) Number of teeth filled : Permanent Teeth	5,043
Temporary Teeth	—
								TOTAL (8)	5,043
<hr/>									
(9) Extractions : Permanent Teeth	7,997
Temporary Teeth	36,386
								TOTAL (9)	44,383
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(10) Administration of general anaesthetics for extraction	20,706
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(11) Other operations : Permanent Teeth	1,881
Temporary Teeth	—
								TOTAL (11)	1,881
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Appendix B.

LIVERPOOL EDUCATION COMMITTEE.

LIST OF SCHOOL CLINICS SHOWING THE TREATMENT CARRIED OUT
INDICATED THUS—X.

	Minor Ailments	Dental	Defective Vision	Ear, Nose and Throat	Orthopaedic	Paediatric	Speech	Child Guidance
Balfour Institute	×							
Belle Vale	×	×						
Burlington Street		×						
St. Anne's School, Christian St.							×	
Clifton Street, Garston	×	×	×	×	×	×	×	
Dingle House					×			
Dovecot	×	×	×	×		×	×	
Everton Road	×	×	×	×	×			
Falkner Square (Child Guidance Centre) ...								×
Fazakerley	×	×						
Harper Street	×		×	×		×		
High Park Street	×							
Mill Road (Everton)		×						
Norris Green	×	×	×	×		×		
North Corporation	×			×				
Northumberland Street	×	×	×					
North Way		×						
Old Swan	×							
St. Anne Street			×					
Sugnall Street	×	×				×		
Walton	×	×	×		×	×	×	
Westminster Road	×							
TOTAL	15	12	8	6	4	6	4	1

